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THE HEALTH OF WALSALL 1970



WALSALL

COUNTY BOROUGH

HEALTH REPORT

1970

J. C. TALBOT, M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Medical Officer of Health and
Principal School Medical Officer



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COUNTY BOROUGH OF WALSALL

HEALTH COMMITTEE

From May, 1970 to May, 1971

CHAIRMAN:
Alderman R. H. M. Baines, B.M., B.Ch.

VICE-CHAIRMAN:
Alderman Mrs. E. Allen

Alderman W. G. Walker
Alderman Mrs. E. A. Brockhurst, J.P. (to April 1970)
Alderman E. F. T. Richards, M.A. (to April 1970)
Councillor Mrs. I. C. F. Anelli
Councillor Mrs. E. Bagchi
Councillor J. Bassett
Councillor A. Clarke
Councillor J. H. Haddon
Councillor J. A. Moore
Councillor Mrs. R. G. Pollitt
Councillor H. Worton (to April 1970)
Councillor Mrs. N. Daniel

EDUCATION COMMITTEE

CHAIRMAN:
Councillor W. Clarke, K.S.G., J.P.

VICE-CHAIRMAN:
Councillor D. G. A. Rochford

Alderman Mrs. D. L. Purcell
Alderman W. G. Walker
Alderman F. Watkins, J.P.
Councillor Mrs. I. C. F. Anelli
Councillor H. Ashby
Councillor J. F. Baugh, B.Sc., A.M.I., Prod.E.
Councillor M. R. Beilby
Councillor J. H. Haddon
Councillor B. D. Jowett
Councillor Miss M. E. T. McNulty
Councillor E. Moorman, M.A., C.Eng.
Councillor Mrs. V. G. Parkes
Councillor C. T. Smith, M.B.E., R.N.R.
Councillor J. G. Whitehouse, M.A.I.E.
Councillor J. W. Withnall
Councillor C. J. P. Wood
Mr. H. F. Chamings, M.A.
Mr. A. G. Phipps
Rev. J. W. Jackson
Rev. J. F. Garvey
Rev. W. P. R. Davies
Mr. R. J. B. Christie
Mr. W. A. S. Flood
Mr. F. V. Magness
Mrs. A. Wrighton

STAFF

(at 31st December, 1970)

Medical Officer of Health and Principal School Medical Officer	J. C. Talbot, M.R.C.S., L.R.C.P., D.P.H., D.I.H.
Deputy Medical Officer of Health	D. S. Karandikar, M.B., B.S., T.D.D., D.P.H.
Senior Departmental Medical Officers	S. D. Chaudhuri, M.B., B.S., D.I.H., D.P.H. R. I. Wootton, M.B., Ch.B.
Departmental Medical Officers	M. C. Grant, L.R.C.P., L.R.C.S., D.R.C.O.G., D.P.H. M. D. Majevadia, M.B., B.S.
Principal School Dental Officer	Mrs. I. M. Millar, L.D.S.
Chief Public Health Inspector	J. P. Barton, D.M.A., A.M.I.P.H.E.
Deputy Chief Public Health Inspector	H. E. T. Lowbridge, F.A.P.H.I., M.R.S.H.
Divisional Inspectors	V. F. Penn (Housing). J. A. Disbury (Meat and Food). S. Monks (Smoke and Factories).
Senior District Inspector ...	F. B. Owen (District Work).
Staff	8 Specialist Public Health Inspectors. 4 District Public Health Inspectors. 5 Pupil Public Health Inspectors. 9 Technical Assistants and Authorised Officers. 4 Miscellaneous Grade Officers and 3 Manual Workers. Chief Clerk—W. F. Buttery. 11 Clerks.
Public Analyst	C. N. Grange, B.Sc., F.R.I.C.
Chief Nursing Officer	Miss J. E. Goode, N.N.E.B., S.R.N., S.C.M., Q.N., H.V. Cert.
Superintendent Health Visitor	Miss M. Scott, S.R.N., S.C.M., H.V. Cert. 21 Health Visitors (19 full-time, 2 part-time). 1 Health Visitor/Health Education Officer. 2 Tuberculosis Visitors (part-time). 17 School Nurse/Geriatric Visitors (12 full-time, 5 part-time). 2 Clinic Nurses (part-time). 2 Nursing Auxiliary.

STAFF—continued

(at 31st December, 1970)

Supervisor of Midwives ...	Mrs. M. S. Fletcher, S.R.N., S.C.M., H.V. Cert. 18 Midwives (full-time).
Superintendent of Home Nursing Service	Mr. T. W. Jackson, S.R.N., Q.N. 22 District Nurses (18 full-time, 4 part-time). 9 Nursing Auxiliaries (part-time).
Senior Administrative Assistant	Mr. H. D. Parsons. 27 Clerks (19 full-time, 8 part-time). 6 Food Sales Clerks (part-time).
Senior Mental Welfare Officer	Mr. W. E. Biddulph. 7 Mental Welfare Officers. 1 Trainee Mental Welfare Officer.
Manager, Brewer Street Adult Training Centre	Mr. R. Fryer.
Manager, Shepwell Green Adult Training Centre	Mrs. R. Moss.
Supervisor, Brewer Street Junior Training Centre ...	Miss E. Ratford.
Matron, Hillfield Hostel ...	Mrs. E. H. Brewer.
Matrons, Day Nurseries ...	Mrs. M. J. Dowen. Mrs. B. A. Chew.
Chief Ambulance Officer ...	Mr. H. J. Addison.
Organiser, Home Help Service	Mrs. H. M. Brittain.
Chiropodists	Chief Chiropodist—Mr. P. J. Eggington. Mrs. D. Bromley—part-time. Miss J. C. Hayes—part-time. Mr. P. J. Raden—part-time. Mr. M. Williams—part-time.

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COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Medical Officer of Health

To the Mayor, Aldermen and Councillors of the County Borough of Walsall.

Mr. Mayor, Ladies and Gentlemen,

I am pleased to present my Annual Report on the health of the County Borough of Walsall for the year 1970.

Dr. J. Burrowes resigned his post of Deputy Medical Officer of Health on 23rd August, 1970 to take a similar post in the London Borough of Croyden and Dr. D. S. Karandikar was appointed to the post on 10th August, 1970.

Major reorganisations within the Health Department were disturbing to the staff and to some extent routine work in the department suffered.

We are living in times of change and although it is anticipated that good will come from these, the effect it inevitably has on staff at all levels should not be forgotten. I am very grateful to all the staff for their support and understanding and hope that their patience and loyalty will be rewarded.

One major change was the transfer of the Mental Health, Home Help and Nurseries and Child Minders Sections to Social Services at the end of the year. They join Welfare and Children Departments to form the new Social Services Department. I wish them all success and would like my appreciation of all the sterling work they have carried out in the past in the Health Department to go on record.

Two other major changes took place within the department during the year, the reorganisation of the Public Health Nursing Services and the restructuring of the services for handicapped children.

The details of the changes in the public health nursing section are described in the main body of the Report under the heading "Nursing Services".

The fact that the Department of Health and Social Security selected Walsall to be one of twelve model authorities to implement the new local authority management structure reflects great credit on every member of the Nursing Service.

The other internal reorganisation concerned the services for handicapped children. Traditionally the Maternity and Child Health Sections and the School Health Section are organised by different medical officers and co-ordinated by the Medical Officer of Health. At field level this occasionally left gaps in the continuity of care of the handicapped children, so it was decided to re-organise and give the responsibility for the care of handicapped children of all ages to one Senior Medical Officer. Dr. Wootton was appointed to this very arduous post and is making a great success of it.

What will the transfer of the social work sections to the Social Services Department mean to the Health Department? Nothing in terms of medical work to be done at field level leaving the same number of medical examinations and the same amount of medical advice will still be required. Co-ordinative work between the social and medical functions will increase but since the relationship between the Departments is excellent, one hopes that this will not absorb too much of that precious commodity—time. The Health Department will be relieved of the administration duties, both medical and non medical of the sections transferred. One hopes it will now be possible to use this time to improve the quality and quantity of the traditional medical duties of the department, that of "ascertaining the health of the district", identifying the vulnerable groups in society and organising the necessary services to help them. Unfortunately there is still too much work to be done for the staff to deal adequately with all of it, it will be necessary to select priorities and concentrate on the more urgent tasks.

The traditional screening procedures to detect physical and medical abnormalities as early in life as possible, for the earlier they are detected and the appropriate treatment and care instituted, the less will be the damage done. Health Education, which helps people to help themselves, the control of transmissable diseases, and the co-ordination of all the medical services in the area to make the best use of medical and nursing skills must be very high in the list of priorities.

The Pinfold Health Centre opened during the year. It will be some time yet before it operates at maximal potential, but the doctors and local authority staff are all very keen that it will be a successful venture, and this will be the major factor in ensuring its success.

Immunisation against German Measles commenced during the year. This is a mild disease but is a potent cause of congenital malformations if a woman should contract it during the first sixteen

weeks of pregnancy. The first objective of the campaign is to protect all young girls of 13 and then offer the vaccine to all the female population and possibly as a last stage, the whole population, in an attempt to eradicate the disease from the community.

The stretch of motorway which is the responsibility of the Walsall Ambulance Service is now fully operative, but it is too soon to fully assess the extra demands it will make on the Service.

The Infant Death Rate is still much higher than the National Rate and is a cause for concern. Epidemiological investigations are still being carried out to see if any cause or causes can be identified which will make it possible to reduce the number of infants dying in the first year of life, to date the results of the investigations are inconclusive.

The new Day Nursery for the Palfrey/Caldmore area and the Ambulance Station were both nearing completion by the end of the year.

Attention must be drawn to the number of people dying from cancer of the lung and coronary heart disease.

During the year, 110 people died of lung cancer, of these 28 cases were under 55 years of age and 61 under 65 years. 295 men and 181 women died of coronary heart disease, 50 of them being less than 50 years old and 148 less than 65 years old . These premature deaths could be reduced in number if more people would reduce or stop cigarette smoking, take moderate exercise and avoid excessive gain in weight.

I would like to record my appreciation for the continuous help and support I have received from the staff and from the Chairman and Members of the Health Committee during this eventful year.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

J. C. TALBOT,

Medical Officer of Health.

Health Department,
Darwall Street,
Walsall.
Telephone No. 21244.

SUMMARY OF STATISTICS

Area in Acres	12,990
Population, 1970 (estimated)	184,430
Rateable Value (1.4.70)	£7,939,119
Sum represented by a Penny rate (1970/71)	£31,950
Live Births:—	
Number (M. 1,882; F. 1,753)	3,635
Rate per 1,000 population	19·7
do. (standardised)	18·9
Illegitimate Live Births per cent of total live births ...	6·0
Stillbirths:—	
Number (M. 32; F. 29)	61
Rate per 1,000 total live and stillbirths	17
Total Live and Stillbirths (M. 1,914; F. 1,782)	3,696
Infant Deaths (deaths under 1 year) (M. 57; F. 42) ...	99
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births ...	27
Legitimate infant deaths per 1,000 legitimate live births	27
Illegitimate infant deaths per 1,000 illegitimate live births	35
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	18
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	14
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) ...	31
Maternal Mortality (including abortion):—	
Number of deaths	1
Rate per 1,000 total live and stillbirths	0·28
Deaths:—	
Number (M. 1,091; F. 938)	2,029
Rate per 1,000 population	11·0
do. (standardised)	13·8

SECTION A

VITAL STATISTICS

Population

The Registrar General's estimate of population for the County Borough for mid-year 1970 was 184,430 which is an increase of 170 compared with the estimated mid-year population for 1969.

The following table shows the population trend over the last five years:—

1966	...	...	182,080 (From April)
1967	...	...	183,680
1968	...	...	184,060
1969	...	...	184,260
1970	...	...	184,430

Live Births

There were 3,635 live births in the Borough during 1970, an increase of 52 over last year's total, giving a standardised birth rate of 18·9 which is in excess of the national rate of 16·0.

Stillbirths

61 stillbirths occurred during 1970 in the Borough, showing a rate of 17·00 compared with a rate for England and Wales of 13·00.

Deaths

2,029 deaths occurred among Walsall residents during 1970 giving a standardised death rate of 13·8. The rate for England and Wales was 11·7.

Infant Deaths

99 children under one year of age died during 1970, giving a rate of 27·0 per 1,000 live births, compared with a national rate of 18·0.

Perinatal Mortality

The perinatal mortality rate for Walsall during the last 5 years compared with the rate for England and Wales is shown.

Year		Walsall		England and Wales
1970	...	31·00	...	23·0
1969	...	30·00	...	23·0
1968	...	29·25	...	25·0
1967	...	32·03	...	25·4
1966	...	37·03	...	26·3

Maternal Deaths

There was one death associated with pregnancy during the year. This occurred in a hospital outside the Borough.

Deaths Reported to Coroner

The number of deaths reported to the Coroner during the year was 528 (339 males and 189 females).

Deaths investigated by the Coroner but no inquest held	418
Post-Mortem Examinations ordered by Coroner ...	402
Deaths on which inquests were held	110

Verdicts Returned at Inquest:—

	M.	F.
Death by murder	—	—
Death by suicide	3	11
Death by manslaughter	—	—
Death by self-induced abortion	—	—
Death aggravated by lack of care or self-neglect	—	—
Death by want of attention at birth	—	—
Deaths by want, exposure, etc.	—	—
Death by accident or misadventure	43	19
Death from natural causes	6	3
Death from industrial disease	11	—
Stillborn	—	—
Open verdicts	2	—
	—	—
	*65	33
	—	—

6 inquests adjourned and not resumed.

12 deaths reported during the year will be dealt with in 1971 verdicts.

* Includes verdicts on 6 deaths reported in 1969.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1969 IN WALSALL C.B.

Cause of Death	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	Age in Years 1–	5–	15–	25–	35–	45–	55–	65–	75 and over
Bacillary Dysentery, Amoebiasis ...	M.	1	—	—	—	—	—	—	1	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis and other Diarrhoeal Diseases ...	M.	5	1	2	—	—	—	—	—	—	—	2	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ...	M.	3	—	—	—	—	—	—	—	—	—	2	1
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Other Tuberculosis	M.	1	—	—	—	—	—	—	—	—	—	1	—
	F.	1	—	—	—	—	1	—	—	—	—	—	—
Whooping Cough	M.	1	—	1	—	—	—	—	—	—	—	—	—
	F.		—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	M.	1	—	—	—	—	—	—	—	—	—	1	—
	F.	1	—	1	—	—	—	—	—	—	—	—	—
Syphilis and its Sequelae	M.	1	—	—	—	—	—	—	—	—	—	1	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	4	—	—	1	—	1	—	—	—	1	—	1
Malignant Neoplasm, Buccal Cavity etc.	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	1	—
Malignant Neoplasm, Oesophagus ...	M.	4	—	—	—	—	—	—	—	1	—	2	1
	F.	4	—	—	—	—	—	—	1	2	1	—	—
Malignant Neoplasm, Stomach	M.	31	—	—	—	—	—	—	1	7	9	9	5
	F.	23	—	—	—	—	—	—	1	—	2	9	11
Malignant Neoplasm, Intestine	M.	26	—	—	—	—	—	—	—	—	8	6	12
	F.	28	—	—	—	—	—	1	3	5	1	8	10
Malignant Neoplasm, Larynx	M.	3	—	—	—	—	—	—	—	1	—	1	1
	F.	1	—	—	—	—	—	—	—	—	1	—	—
Malignant Neoplasm, Lung, Bronchus ...	M.	95	—	—	—	—	—	1	2	19	30	38	5
	F.	15	—	—	—	—	—	—	—	6	3	2	4
Malignant Neoplasm, Breast	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	45	—	—	—	—	—	2	4	8	18	9	4
Malignant Neoplasm, Uterus	F.	9	—	—	—	—	—	—	1	1	2	4	1
Malignant Neoplasm, Prostate	M.	15	—	—	—	—	—	—	—	1	2	6	6

P.T.O.

Continued from previous page

Cause of Death	Sex	Total All Ages	Under 4 weeks	4 weeks and under 1 year	Age in Years								
					1–	5–	15–	25–	35–	45–	55–	65–	75 and over
Leukaemia	M.	7	—	—	—	—	—	—	1	1	2	3	—
	F.	3	—	—	—	—	1	—	—	—	1	—	1
Other Malignant Neoplasms	M.	43	—	—	1	1	2	2	1	7	10	10	9
	F.	46	—	—	1	2	—	—	1	6	15	15	6
Benign and Unspecified Neoplasms ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	3	—	—	1	—	—	—	—	—	—	2	—
Diabetes Mellitus	M.	7	—	—	—	—	—	—	—	1	2	1	3
	F.	11	—	—	—	—	—	1	—	—	1	—	9
Other Endocrine etc. Diseases	M.	2	1	—	—	—	—	—	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Anaemias	M.	4	—	—	—	—	—	—	1	—	—	1	2
	F.	5	—	—	—	—	—	—	—	—	—	1	4
Mental Disorders	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	—	1
Meningitis	M.	3	—	1	—	—	—	—	1	—	—	1	—
	F.	3	2	—	—	—	—	—	1	—	—	—	—
Other Diseases of Nervous System ...	M.	4	—	—	—	—	—	1	—	—	1	2	—
	F.	7	—	—	—	—	—	—	1	—	3	1	2
Chronic Rheumatic Heart Disease ...	M.	12	—	—	—	—	—	—	—	4	3	4	1
	F.	13	—	—	—	—	—	—	—	1	1	8	3
Hypertensive Disease	M.	27	—	—	—	—	—	—	—	2	8	9	8
	F.	20	—	—	—	—	—	—	—	2	2	2	14
Ischaemic Heart Disease	M.	295	—	—	—	—	—	1	11	29	80	97	77
	F.	181	—	—	—	—	—	1	3	5	18	52	102
Other Forms of Heart Disease	M.	36	—	—	—	—	—	—	—	1	1	13	21
	F.	54	—	—	1	—	—	—	—	1	6	9	37
Cerebrovascular Disease	M.	88	—	—	—	—	—	1	1	7	21	29	29
	F.	151	—	—	—	—	—	—	—	6	15	39	91
Other Diseases of Circulatory System ...	M.	41	—	—	—	—	—	—	2	2	8	7	22
	F.	45	—	—	—	—	—	1	1	1	2	7	33
Influenza	M.	19	—	—	—	—	—	—	—	3	3	10	3
	F.	18	—	—	—	—	—	—	1	1	—	8	8
Pneumonia	M.	114	4	10	—	—	—	—	1	3	10	44	42
	F.	117	1	10	1	—	—	—	1	5	8	29	62
Bronchitis and Emphysema	M.	80	—	—	—	—	—	—	1	4	19	38	18
	F.	27	—	—	—	—	—	1	2	—	4	7	13

Asthma	M.	1	—	—	—	—	—	—	—	1	—	—	—
	F.	1	—	—	—	—	—	—	—	1	—	—	—
Other Diseases of Respiratory System ...	M.	6	—	—	—	—	—	1	—	—	3	1	1
	F.	10	—	1	2	1	—	—	—	—	—	—	6
Peptic Ulcer	M.	8	—	—	—	—	—	—	—	1	3	3	1
	F.	3	—	—	—	—	—	—	—	—	—	1	2
Appendicitis	M.	2	—	—	—	—	—	—	—	—	1	1	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal Obstruction and Hernia ...	M.	6	1	—	1	—	—	—	—	—	1	2	1
	F.	1	—	—	—	—	—	—	—	—	—	1	—
Cirrhosis of Liver	M.	3	—	—	—	—	—	—	1	1	—	1	—
	F.	1	—	—	—	—	—	—	—	—	—	1	—
Other Diseases of Digestive System ...	M.	9	—	—	—	—	—	—	—	—	4	3	2
	F.	14	—	—	—	—	1	—	—	1	2	2	8
Nephritis and Nephrosis	M.	4	—	—	—	—	1	—	1	—	1	—	1
	F.	9	—	—	—	—	1	1	1	—	2	3	1
Hyperplasia of Prostate	M.	7	—	—	—	—	—	—	—	—	—	1	6
Other Diseases, Genito-Urinary System ...	M.	7	—	—	—	1	—	—	1	1	—	2	2
	F.	6	—	—	—	—	—	—	—	1	2	1	2
Diseases of Musculo-Skeletal System ...	M.	1	—	—	—	—	—	—	—	—	1	—	—
	F.	2	—	—	—	—	—	—	1	—	—	—	1
Congenital Anomalies	M.	13	7	4	—	1	—	—	—	1	—	—	—
	F.	8	5	—	2	—	—	1	—	—	—	—	—
Birth Injury, Difficult Labour, etc. ...	M.	8	8	—	—	—	—	—	—	—	—	—	—
	F.	7	7	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality ...	M.	14	14	—	—	—	—	—	—	—	—	—	—
	F.	15	15	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill Defined Conditions ...	M.	1	—	1	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	1	—
Motor Vehicle Accidents	M.	12	—	—	—	1	4	1	1	1	2	1	1
	F.	6	—	—	—	—	—	—	1	1	1	1	2
All Other Accidents	M.	17	—	2	1	3	2	1	2	1	—	2	3
	F.	10	—	—	1	—	—	1	—	—	1	3	4
Suicide and Self-Inflicted Injuries ...	M.	3	—	—	—	—	—	1	—	—	—	1	1
	F.	8	—	—	—	—	1	1	—	3	—	3	—
All Other External Causes	M.	1	—	—	—	—	—	1	—	—	—	—	—
	F.	1	—	—	—	—	—	1	—	—	—	—	—
TOTAL ALL CAUSES	M.	1092	36	21	3	7	9	11	30	101	233	356	285
	F.	940	30	12	10	3	6	12	24	57	113	230	443

CAUSES OF DEATH

The following comments were contributed by Dr. D. S. Karandikar: —

"Deaths from heart diseases in the County Borough of Walsall over the last five years have now been studied and deserve special mention.

Coronary Heart (Artery) Disease predominates as a cause of deaths from all heart diseases. Deaths from this cause are usually higher in men than in women, but over the last five years, the incidence of death from coronary heart disease has doubled in women while showing less increase in men.

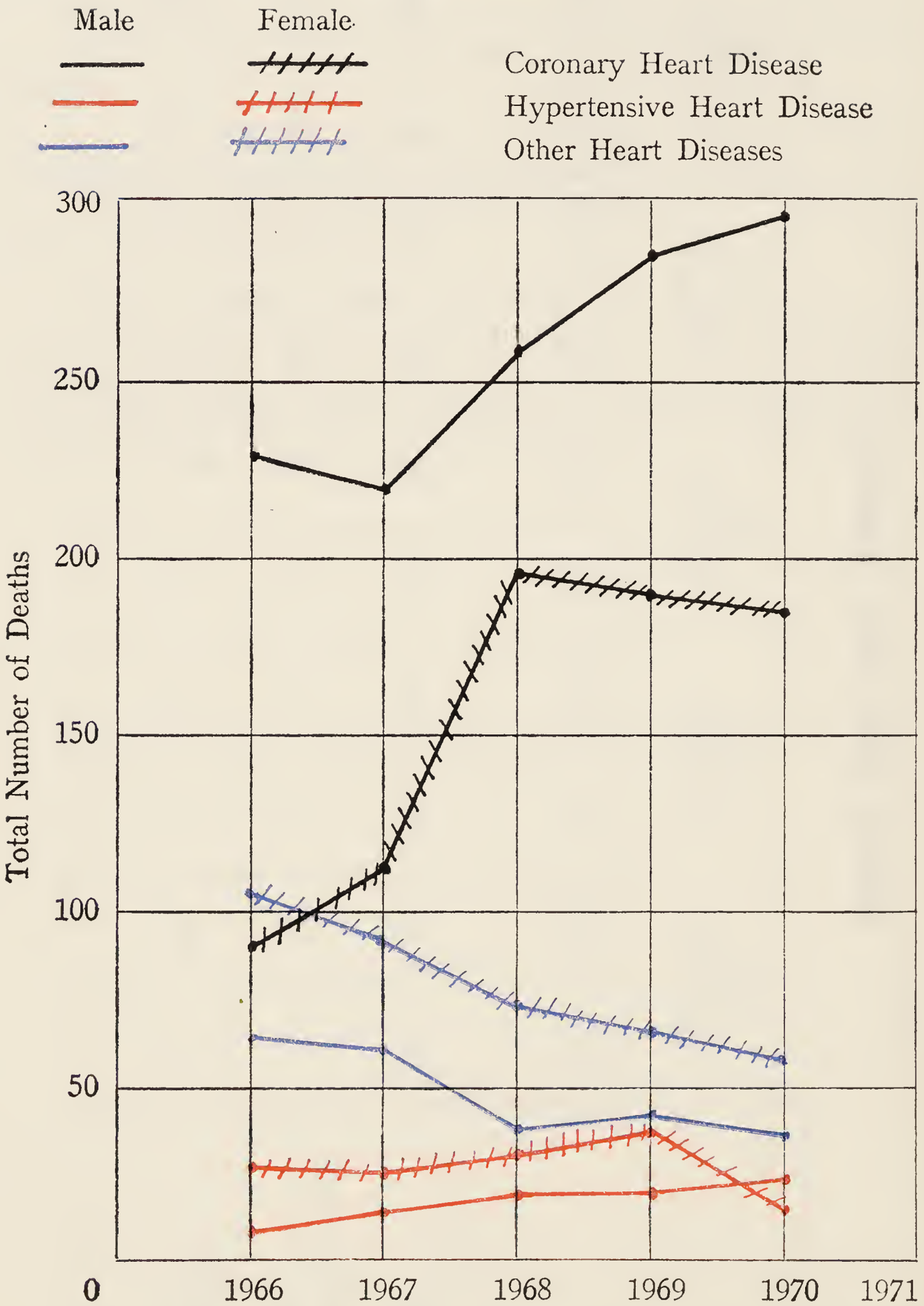
It is now accepted by most experts in the field that the incidence ot coronary artery disease is directly related to cigarette smoking, over eating (leading to overweight) and lack of exercise. It is also evident from the annual figures that each year more and more people in younger age groups (25-35 years) are affected by the heart diseases and die as a result of coronary heart disease."

DEATHS FROM HEART DISEASES

	1966 (Population 182,080)		1967 (Population 183,680)		1968 (Population 184,060)		1969 (Population 187,260)		1970 (Population 184,430)	
	Male	Female	Male	Female	Male	Female	Male	Female	Female	Male
Coronary Disease Angina	226	88	217	116	255	196	272	187	181	295
Hypertensive Heart Disease	16	25	18	24	23	26	23	33	20	27
Other Heart Diseases	67	101	58	86	37	72	40	66	54	36

CAUSES OF DEATH

Heart Diseases



If people wish to reduce their chance of dying from coronary heart disease, the message is clear, less or no cigarette smoking, reduce excessive weight and take moderate exercise.

TABLE A

INFANT MORTALITY

Deaths from Stated Causes at Various Ages under One year of Age

Causes of Death	Total Deaths under 1 year	Under 1 week	1–2 weeks	2–3 weeks	3–4 weeks	Total under 4 weeks	1 and under 3 months	3 and under 6 months	6 and under 9 months	9 and under 12 months
Meningococcal Infections ...	6	1	2	1	—	4	—	—	1	1
Diarrhoea and Enteritis ...	3	—	1	—	—	1	2	—	—	—
Premature Birth	24	21	2	1	—	24	—	—	—	—
Congenital Malformations ...	9	6	—	1	—	7	1	—	1	—
Injury at birth and difficult labour	2	2	—	—	—	2	—	—	—	—
Suffocation Overlying ...	1	—	—	—	—	—	—	1	—	—
Pneumonia	28	2	—	2	1	5	11	7	3	2
Other diseases of Respiratory System	4	4	—	—	—	4	—	—	—	—
Accidents	1	—	—	—	—	—	—	—	1	—
Other Causes	21	17	1	—	—	18	2	1	—	—
Totals ...	99	53	6	5	1	65	16	9	6	3

Deaths under one year are higher than the National average.

Pneumonia made a significant contribution to the death rate during the year.

Continuous study during the last few years does not reveal any significant preventable cause.

SECTION B

INFECTIOUS DISEASES

There were 2,332 cases of infectious diseases notified during the year, compared with 708 in 1969.

The following table shows the notifications and the deaths ascribed to each disease.

	Notified 1970	1969	Deaths 1970
Measles	1,650	405	—
Diphtheria	—	—	—
Whooping Cough	349	30	1
Scarlet Fever	79	96	—
Erysipelas	—	—	—
Primary Pneumonia	—	—	—
Influenzal Pneumonia	—	—	—
Infective Jaundice	142	52	—
Puerperal Pyrexia	—	—	—
Ophthalmia Neonatorum	6	2	—
Meningococcal Infection	6	4	2
Poliomyelitis	—	—	—
Tuberculosis—Respiratory	63	63	3
Tuberculosis—Other Forms	21	21	2
Food Poisoning	7	13	—
Typhoid Fever	1	4	—
Paratyphoid Fever	—	—	—
Dysentery	8	17	—
Smallpox	—	—	—
Malaria	—	1	—

INFECTIOUS DISEASES

The following comments have been contributed by Dr. D. S. Karandikar:—

"The increase in the number of cases of infectious diseases as compared with the previous year were mainly due to the following:—

Measles

Unfortunately the expected decline in the notifications did not materialise this year. The incidence of measles is being closely studied to evaluate the effectiveness of the measles vaccination programme.

Whooping Cough

The rise in notifications reached epidemic proportions this year. Certain unusual features were noticed in the pattern of the outbreak.

A three yearly rise in notifications for the last ten years exists, however instead of the expected rise in 1969, it was recorded this year.

Though a disease markedly prevalent in the winter months, two noticeable peaks in notifications were seen in the summer months as opposed to total absence of notifications during January, February and March of the year when wintery conditions were at their worst. These variations are being kept under review.

Infective Jaundice

Since June 1968, when the disease became notifiable, the number of notifications continue to rise. This may be due partly to increased awareness among general practitioners to submit notifications and partly to a true rise. Every case of infective jaundice is investigated by the department to collect information of epidemiological importance.

The north east area of Walsall dominates the picture even though isolated cases do occur in other areas of the Borough. Close contact at home is prominent among the cases where the source of infection was known. Contact at school was second in line of importance. However, in the majority of cases no identifiable source was detected.

Personal hygiene is an important factor in limiting the spread of this disease.

Tuberculosis

The following report has been supplied by Dr. J. N. Macartney, a Chest Physician of the Birmingham Regional Hospital Board, who is in charge of the Walsall Chest Clinic, which deals with cases of tuberculosis. Dr. Macartney is also responsible to the Walsall Council in all matters relating to environmental conditions of tuberculosis cases in the Borough.

"Death rates per 1,000 population, with comparative figures for England and Wales: —

	Death Rates 1969	1970
Walsall		
Respiratory Tuberculosis	0·059	0·016
Other Forms of Tuberculosis ...	0·016	0·010
England and Wales		
Respiratory Tuberculosis	0·022	0·019
Other Forms of Tuberculosis ...	0·015	0·014

The tuberculosis incidence in Walsall during the past year has not altered appreciably. Immigrants still provide a very high proportion of new cases discovered. For example, out of a total of 84 new cases, immigrants were responsible for 52. Clearly future trends in the disease will hinge largely on whether the size of the immigrant group is stabilized at its present figure or increases.

There is always a potential risk of a school outbreak due to an infected child undetected in a school community but to date despite several incidents, no serious trouble of this type has been encountered. However, continued vigilance must not be relaxed if the situation is to be contained.

Venereal Diseases

Details of new cases in Walsall residents treated at the Venereal Diseases Clinic at the Manor Hospital, Walsall, during the last five years are given below: —

	1966	1967	1968	1969	1970
Syphilis	13	7	8	4	7
Gonorrhoea	176	245	186	209	189
Conditions other than venereal	332	477	470	448	457

A venereal disease contact tracing scheme has been planned for the Boroughs of Walsall, Wolverhampton, West Bromwich, Warley and Dudley, jointly by the Birmingham Regional Board and the relevant County Boroughs, and should be in operation during 1971.

Health Education aimed at the prevention of venereal disease and the importance of early medical treatment should the disease be contracted is very necessary and is included in the school health education programme.

SECTION C

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Dr. R. I. Wootton, Senior Departmental Medical Officer for Maternity and Child Health, contributed the reports on Stillbirths, Cervical Cytology, Screening and the Handicapped Register.

"Stillbirths

62 occurred during the year and a survey of these showed that 60 occurred in hospital and 2 at home.

The figures are too small to draw any conclusions. The table shows the main causes of death.

Foetal abnormalities	...	11
Placental Insufficiency	...	9
Accidental Hæmorrhage	...	5
Toxæmia	...	5
Prematurity	...	5
Rhesus Incompatability	...	3
Complication of labour	...	4
Post Maturity ...	...	1
Maternal Illness ...	...	1
Causes unknown ...	...	18

It is interesting to note that 10 of the foetal abnormalities were cases of anencephely.

RATE PER 1,000 TOTAL LIVE AND STILLBIRTHS

Year		Walsall		National Average
1967	...	19·78	...	14·8
1968	...	16·47	...	14·0
1969	...	17·00	...	13·0
1970	...	17·00	...	13·0

Cervical Cytology

During 1970 the cervical cytology service was continued and sessions have been held regularly at three clinic centres.

The service this year also provided examination of the breasts and urine.

It is disappointing to see that this year only 1,510 attended. This compares to 3,140 in 1969.

The results are as follows:—

Total number of smears ...	1,510
Positives	4
Suspicious	4

Of the 4 positive smears, all were over 35 years, the youngest being 36 years.

There is still concern felt that the women at risk are not attending these clinics.

Screening of Young Babies for Deafness

Screening tests for defective hearing should form part of the routine inspection of each child at the age nine month, especially when a child is known to be at risk. The Health Visitors arranged these tests at the Child Health Centres or at the child's own home.

Because of the reorganisation of the Health Visiting service only 215 of these tests were arranged during 1970.

Screening of School Children for Hearing Defects

This year audiometric and vision testing were carried out in the second year infant age group but other children were also included at the request of the teaching staff or parents.

This is the first year that this has been done by a lay person who has been specially trained. It is pleasing to note that this has proved very successful.

No. of children tested	4,543		
No action to be taken	3,758	...	82·75%
To be retested in school	432	...	9·45%
To be referred to school Clinic ...	353	...	7·8%

The children who failed the sweep test were referred to the School Medical Officer and more detailed investigations were done to determine the degree of hearing loss.

The Handicapped Register, 1970 (children under 5 years)

The purpose of keeping this register is to identify and record any children who may need special education and also to give advice and counselling to the parents.

All these children are to be invited to attend a Handicapped Clinic, where they will be seen, assessed and their parents counselled.

It is hoped that in 1971 as more places become available in both the Junior Training Centre and Physically Handicapped school, that early admission will be possible.

The first clinic opened in December, 1970, at Bradford Street Clinic. Each parent and child are seen by a Senior Medical Officer and a Health Visitor."

NURSING SERVICES

Miss Goode, Chief Nursing Officer, contributed the report on the Nursing Services:—

"1970 has been an eventful year for the Nursing Services in Walsall. We planned a management structure in line with the Hospital 'Salmon' management structure, and as advised by the 'Mayston' Report on Management in Local Authority Nursing Services, and have been invited by the Department of Health and Social Security to be one of the twelve pilot or model authorities for this scheme in England and Wales. The plan is now before the Department for their approval.

The Borough is divided into four administrative sectors, with senior nursing staff in each of the services giving extra support and guidance to the field staff. This has proved to be very valuable as we also realised that we should extend the attachment of Local Authority nursing staff to general practitioner caseloads, the staff still being administered by the Health Department. Some doctors already worked in group practices; others were grouped together for convenient staff allocation of the health visiting, district nursing, and midwifery services. After careful planning, staff meetings and meetings with the Doctors, as from 1st October all staff changed from working on geographical areas to working on Doctors' caseloads. Each area had a luncheon meeting in the Autumn, arranged by the nursing staff for the Doctors to informally meet the staff working with their patients. The Doctors and staff are now getting to know each other better, appreciating each other's point of view and working more unitedly for the benefit of their patients.

We are continuing to develop a closer bond with the Hospital service, again to the ultimate benefit of the patient. We already take part in the training of the nurses in Walsall by giving talks and arranging visits of observation for the students and pupils during their study blocks in each year of their training.

When in-service training is arranged for trained staff by the Hospital or by the Local Authority, invitations are extended to members of the other service. The nursing staffs consequently have

opportunities to meet their colleagues professionally and are finding it easier to contact each other when problems arise.

Senior District Nurses visit the Hospital wards regularly to get information about patients to be discharged for home nursing, and to convey information about patients recently admitted who have had the District Nurses attending.

Health Visitors attend pædiatric, premature baby follow-up and diabetic clinics, following up with home visits or conveying information to the Health Visitor concerned with the patient. The two-way communication is appreciated by the Hospital staff, Consultants and General Practitioners. It also reassures to patient to see a more united service.

The Superintendent of Health Visitors is in daily contact with the Medico-Social Worker and has a very good liaison with hospital staff for the geriatric patients at the Manor Hospital.

There is still a need to shorten the time in hospital, and possibly increase the Domiciliary Services for the older patient. We therefore welcomed the opportunity to join with a General Practitioner and the Consultant Geriatician at the Manor Hospital on a special project to investigate the needs of the geriatric patient, with a view to assessing the development of the services and making more economical use of the limited number of hospital beds. A Health Visitor has been appointed to carry out this project which we anticipate will take two years to complete.

Health Centre

The Health Centre at Pinfold, Bloxwich, came into use in October when the main building was completed, but the older clinic building still had to have alterations which would not be completed until January 1971. Eleven Doctors now work at this Centre and appreciate working alongside their professional colleagues.

A Health Visitor was appointed as Centre Superintendent; other staff include three part-time S.R.N's. for the Treatment Room and two part-time Nursing Auxiliaries assisting in the Treatment Room and Surgeries. The Doctors employ 11 clerks, and a full-time telephonist is shared between the Local Authority and General Practitioners.

Staff working from the Centre, or having sessions at the Centre, include Health Visitors, District Nurses, Midwives, Speech Therapist, Psychiatrist for Child Guidance, Mental Health Officer and Dental Staff.

Other Medico-Social staff have recognised the need to join this community care centre, but space and time seem to be insufficient already for all the services we feel should be incorporated into a Health Centre of this size."

Child Health Centres

The Child Health Centres have been used for 917 baby clinics; 747 school clinics; 401 ante-natal clinics; and 583 playgroup sessions. The sewing classes and playgroups at Coalpool and Little Bloxwich continue to be active, as well as Mothers' Clubs at Beechdale, Bentley, Kingshill, Mossley and Short Heath; relaxation and mother-craft at Pool Street, Little Bloxwich, Bentley Short Heath and Kingshill; and Silver Thread Club and Townswomen's Guild at Little Bloxwich.

The Slimfit Club at Countess Street has satisfied the need, through group therapy, of adult and teenage members of the community with weight problems. The Health Visitor at Beechdale has opened a similar class for people in that area which is proving equally successful.

The increased use of the centres and decentralisation of staff to them has increased the number of enquiries made by the public through personal visits and telephone calls. The staff have recorded 2,380 interviews in clinics of which 1,359 were for children; 778 required advice for adults and 243 for old persons. These figures give a minimal indication of the change as the staff have not recorded all their interviews, but it does indicate the value of the centres to the community.

The following table shows the attendance of children under six years of age at the child health centres:—

Centre	Born in 1970	Born in 1969	Born in 1965/68	Total		New Cases
	A	A	A	A	M	
Pool Street ...	1423	1376	339	3138	750	245
Pinfold	1684	1541	1315	4540	1220	317
Countess Street ...	1839	2310	1171	5320	882	421
Ida Road ...	1158	1364	769	3291	885	227
Littleton Street ...	1048	798	325	2171	486	179
Beechdale ...	1025	790	398	2213	862	156
Broadway ...	1009	875	402	2286	621	171
Coalpool	992	629	571	2192	682	206
Mossley	1102	999	322	2423	710	167
Little Bloxwich ...	740	740	361	1841	399	120
Delves	711	617	538	1866	315	125
Kingshill	722	757	656	2135	477	110
Bilston Street ...	1205	1297	1138	3640	817	253
Walsall Street ...	937	772	792	2501	614	222
Short Heath ...	3110	3703	2126	8939	1040	407
Churchill Road ...	952	818	642	2412	702	129
Totals	19657	19386	11865	50908	11462	3455

A.—Attendances. M.—Medical Examinations

Health Visiting

We are very short-staffed in the Health Visiting Service due to insufficient training places in the Midlands and the difficulty of recruiting qualified staff to work in an industrial area. We have increased the recruitment of trained nurses to assist the Health Visitors which relieves some of the pressures.

When the caseloads were changed in October from geographical areas to the attachment principle of allocation of caseloads to General Practitioner lists, the field work was of necessity reduced while the 17,000 records of children under 5-years were transferred and a card index file made of the records which we maintain in the main office.

By the end of the year the cards were re-allocated and the staff were beginning to know the families for whom they were now responsible.

This has obviously been a great upheaval and we congratulate the staff on the way they have accepted the change and the challenge.

School Health Service, the increased Health Education programme in schools, Hospital out-patients clinics, and all the Local Authority clinics and special visits continued in their normal pattern.

The following table shows the work carried out in connection with health visiting and tuberculosis visiting during 1970:—

	Number of Cases	Total Visits
Children born in 1970	4,389	9,495
Children born in 1969	4,852	8,689
Children born 1965—1968	8,717	14,753
Persons aged 65 years and over ...	4,806	12,948
Mentally disordered persons	47	169
Persons discharged from hospital ...	353	626
Tuberculosis households	34	113
Infectious Diseases	152	182
Expectant Mothers	663	721
Post-Natal Mothers	4,043	4,190
Household Enquiries	369	369
Other Classes	3,426	5,749
Tuberculosis Visitor:—		
Tuberculosus households	285	1,152

Although the number of visits are down there is a noticeable increase in the number of visits to adults in the middle age group, shown thus:—

	1969	1970
1. Persons discharged from Hospital	206	626
2. Mentally disturbed persons	96	169
3. Tuberculosis Households (other than those visited by the Special Visitors for Tuberculosis)	11	113
4. Other groups between 5-years and 65-years	4,034	5,749
	4,347	6,557

In view of the Health Visitor's training, after qualifying as a Nurse and Midwife, it is right that her work should no longer cover just the care of children under 5-years, but that she provides a service 'from the cradle to the grave' for the prevention of illness—its early detection and treatment, taking an active part in the Health Education individually and in groups for mental and physical good health.

Home Nursing Service

The District Nurses also changed from geographical areas to attachment principles of case allocation, which resulted in an increased demand for the service as the Doctors gain confidence in the nurse whom they know attends their patients. This working team of medical and nursing staff shows an improvement in patient care which we anticipate will continue as we work more closely with our colleagues.

10,238 cases were nursed by our staff, requiring 86,922 visits in 1970.

The Post-Registration Training Scheme which we have in conjunction with our four neigbouring boroughs continues to give a high standard of training and assist in maintaining our service at a good standard of efficient nursing care.

During this year we have accepted the challenge of nursing in her own home one of the most handicapped persons alive. The patient had been in Hospital for ten years, but the parents were willing to accept responsibility for caring for her in her own home. The co-operation between the Hospital medical, nursing and technical staff with the General Practitioner and Local Authority services made a unified Health Service a reality, and indicates the pattern of the future. The patient is now home surrounded by her family and friends with the District Nurses giving nursing care and advice as necessary.

Night Helper Service

Number of staff employed	9
Number of nights worked per week ...	27
Number of visits made	1,350

This service is greatly appreciated by relatives who have accepted the responsibility of nursing seriously ill persons at home.

The staff employed for this service are not qualified nurses but have nursing experience and are capable of relieving the members of a smaller family group for the night on one, two or three nights per week, frequently making it possible for a patient to remain at home who would otherwise require a hospital bed.

Midwifery

The General Practitioner attachment scheme for the Midwifery service was welcomed by the Doctors, who invited the Midwives to attend the surgeries when ante-natal clinics were being held. This united approach to ante-natal care by the Doctor and Midwife reduced duplication of examinations so that we are providing a more efficient service for the patient.

The attendance at Local Authority ante-natal clinics is less this year and we would expect this pattern to continue.

Integration of the Domiciliary Service with the Hospital has developed during this year—this is shown particularly by the increase in the number of patients delivered in Bloxwich Maternity Home by the Domiciliary Midwives. It is suggested that the staff at Bloxwich attend ante-natal clinics at the new Pinfold Health Centre.

The Midwives on the district continue to take their part in the training of pupil midwives and assist in the 'Community Care' programme which is an important part of their syllabus.

Relaxation and parentcraft classes held in clinics in the Borough are run by Midwives and Health Visitors.

The following table shows the work carried out at the Ante-Natal Clinics. Last year's figures in parentheses.

	Attendances		New Cases	
Pool Street ...	343	(433)	97	(125)
Pinfold	372	(522)	105	(168)
Countess Street ...	379	(529)	109	(150)
Ida Road	157	(160)	45	(49)
Littleton Street ...	169	(135)	47	(46)
Mossley	100	(135)	38	(44)
Beechdale	175	(165)	65	(51)
Coalpool	213	(240)	58	(83)
Kingshill	228	(313)	51	(55)
Short Heath ...	655	(874)	133	(193)
Bilston Street ...	608	(768)	113	(140)
Churchill Road ...	310	(307)	76	(72)
Walsall Street ...	324	(460)	48	(98)
	4033	(5041)	985	(1274)

HEALTH EDUCATION

The Health Education programmes and activities in Walsall have continued to develop. During the year there have been over 850 sessions for Health Education in secondary schools, including two County Selected, one Voluntary Aided, four Comprehensive and eleven Secondary Modern. Health Education has been requested by Heads of other schools which we will attend as soon as staff are available.

The syllabus has usually been linked with the biology and science teaching or the Home Economics programme. It includes human relationships and responsibilities as well as reproduction; the dangers of Venereal Disease and the problems of adolescents. Normal physical and emotional growth and development are discussed with the children in these talks which are given to girls in the second, third or fourth years of these senior schools.

Where possible a similar series of talks is given to boys at the same time. To try to overcome the shortage of male lecturers a similar syllabus has been used for a mixed group in a comprehensive school, with one or two lectures where a male school teacher has co-operated to talk with the boys about their specific problems while the Health Visitor has talked with the girls. This has met with considerable success but the need for a male Health Education Officer in the Department is very apparent.

In addition talks on Mothercraft with practical demonstrations still prove very popular with the girls.

In some schools a syllabus of talks on 'Hygiene and Growing Up' for 11-year-old girls has been given. In others, single talks and discussions following a film on menstruation have been given to groups of 11-12-year-old girls. The enthusiastic response and the need for such Health Education was shown by the many questions asked.

A Health Visitor was invited to join a panel of speakers at a Comprehensive School Forum for Sixth Form Students, the subject 'Morals and Ethics of Family Planning'.

Parent-Teacher groups are taking an interest in the Health Education taught in schools, so that we have been invited to several Parents evenings to show the films used in the programmes and take part in the discussions.

As our staff taking part in Health Education are all qualified nurses we believe we are giving factual information in a responsible manner, and the children are able to discuss and understand the subjects which interest them so much.

The Health Education Officer was invited to give talks to second-year students and post-graduate students taking the Diploma of Education Course at the West Midlands Teachers' Training College. These talks were to explain the content of the syllabi for Health Education in Schools, which they may be required to organise and with which they may be personally involved.

Drugs Conference

A Drugs Conference arranged jointly by the Health and Education Departments of Walsall for teaching staff was held on March 9th at the Education Development Centre and on March 23rd at the

Central Library. Members of the panel included Dr. Talbot, Medical Officer of Health, and a member of the West Midlands Drugs and Crime Squad.

The Conference was well-attended and roused much discussion at the time and afterwards in the school staff-rooms.

Equipment

We are building up a useful library of films mostly supporting the syllabi of talks given in schools but also for parents, mothers and other groups who request speakers on specific subjects.

Many members of the Nursing Staff have had instruction for the use of the 16 mm. projector as well as the slide projector.

Other supportive demonstration materials are gradually being added to the equipment stocks.

In-Service Training

On 19th and 20th May a successful two-days Course was held in conjunction with the Health Education Council on 'Teaching Health Education'. It was attended by Health Visitors, School Nurses, District Nurses and Midwives' as well as Public Health Inspectors and Hospital staff in Walsall. Five members of staff from each of our neighbouring boroughs also shared the days with us, so that this was a good relationship exercise as well as encouraging more of our staff to take part in the Health Education service.

Training Schemes

Health Visitors continue to take part in training students for the Duks of Edinburgh Awards Schemes with successful results. Two college students were advised and coached on Home Safety by the Health Education Officer and obtained their Gold Medal Awards.

The staff also take part in training students for St. John's and Red Cross Certificates.

Talks have also been given to church groups and guilds on a variety of subjects from 'What to do at an emergency birth' to 'Care of the Elderly' so that we really feel we are giving Health Education to the whole family.

Housebound Outings

We cannot finish reporting on the Nursing Services without mentioning that our Nurses work together during the year in a voluntary capacity to raise funds to give many housebound persons in Walsall a Christmas party at the Adult Training Centre, Brewer Street, and a day's outing to Blackpool in the summer.

They work very hard for these two occasions but the pleasure it gives to the people who never get out of the house makes it all worthwhile.

Scabies

The incidence of scabies is increasing nationally as well as locally. Many of the cases are now treated by the local health authority staff. It is a time consuming procedure as the patients have to be bathed and then painted all over with special lotion.

The table below indicates the number of patients treated during the year:—

Treatment				
Children	...	235	(One)	
,,	...	180	(Two)	Total 415
Adults	...	98	(One)	
,,	...	77	(Two)	Total 175
			Complete total 1970	... 590

Premature Births

184 babies were notified as having been born prematurely or dysmature, i.e. birth weight 5½ lbs. or under.

Of these, 32 were born dead and 152 alive.

Comparable figures for the previous two years are:—

	1968	1969	1970
Total births	3,521	3,644	3,696
Premature or dysmature births	323	290	184
Born dead	18	24	32
Born alive	305	266	152

It is satisfying to see that the total number of premature or dysmature births has again dropped. This indicates an improvement in the health of mothers and of the quality of the ante-natal care.

Congenital Defects

Congenital defects apparent at birth are notified to the department by hospitals, doctors and midwives, the existence of a congenital abnormality being entered on the birth notification cards. Particulars of the actual defect are obtained by forwarding the appropriate Department of Health and Social Security form for completion to the source of the notification.

An analysis of the congenital defects notified during 1970 is given below: —

Number of notifications of congenital defects received	45
Number of live births in above	29
Number of stillbirths in above	16

Defect	No. of Cases
Strawberry Marks	1
Club Feet	1
Talipes of feet	6
Slight swelling on base of spine	1
Downes syndrome	1
Equiro varus	1
Wide suture lines	1
Dislocation of left hip	1
Bilateral cleft palate	3
Mongol	1
Anencephalus	9
Hydrops foetalies	2
Meningocele	2
Deformity of left foot	1
Enlarges scrotum—Hydrocele Hernial ...	1
Hydrocephalus	1
Hare Lip	3
Anencephalus and spina bifiida	2
Imperforate anus	1
Exomphalous left bat ear	1
Abnormalities of hand, feet, nose, and head	1
Small fatty lump on forehead	1
Deformity of ankle	1
Large area of pigmented skin lower part of back	1
Multiple congenital abnormalities ...	1

Vaccination and Immunisation

The administration of the vaccination and immunisation programme was re-organised at the beginning of the year. The effectiveness of the change was evident at the end of the year. Figures for primary vaccination and immunisation of all types, except tuberculosis, show an increase over the previous year. The overall increase being about 50%.

However, figures for re-vaccination fail to show this trend. It has been difficult, it seems, to convince parents of the importance of re-vaccination. Periodic re-vaccination is the only way to ensure continuous protection cover for the children against infectious diseases.

In October this year, another notable advance in the field of preventive medicine, namely the German Measles vaccination, was introduced. Details are reported in the School Health Report.

Overall figures of vaccination and immunisation in Walsall are still well below the national average. The extra work entailed by the introduction of Rubella vaccinations and the need to intensify the follow-up procedure for defaulters for re-vaccination, made it necessary to appoint another clerk in the immunisation section. It is hoped that it will be possible to increase the number of children re-vaccinated during the next year.

A team of senior medical and nursing staff visited a nearby local authority to gain first hand knowledge of a computer controlled immunisation programme.

Details of vaccinations and immunisations given during the year are shown below: —

Smallpox

	0–3 mths.	3–6 mths.	6–9 mths.	9–12 mths.	1 year	2–4 years	5–15 years	Total
Vaccinated	2	4	3	89	1195	235	415	1943
Re-Vaccinated	—	—	—	—	—	14	111	125

B.C.G.

	School children and students	Contact Scheme
Number skin-tested	1,962	503
Number found positive ...	362	83
Number found negative ...	1,572	364
Number vaccinated	1,572	554

Other Vaccination and Immunisation

Completed Primary Courses

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963 1966		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	56	1230	731	87	67	7	2178
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	29	19	2	628	2	680
5. Diphtheria	2	10	1	—	2	—	15
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	2	1	5	5	20	114	147
8. Salk	—	—	—	—	—	—	—
9. Sabin	35	1259	757	104	1144	4	3303
10. Measles	11	248	459	265	782	30	1795
11. Rubella	—	1	1	2	2	435	441
12. Lines 1-2-3-4-5 (Diphtheria) ...	58	1269	751	89	697	9	2873
13. Lines 1-2-3-6 (Whooping Cough)	56	1230	731	87	67	7	2178
14. Lines 1-2-4-7 (Tetanus)	58	1260	755	94	715	123	3005
15. Lines 1-8-9 (Poliomyelitis) ...	35	1259	757	104	1144	4	3303

Other Vaccination and Immunisation

Reinforcing Dose.

Type of Vaccine or dose	Year of Birth					Others under age 16	Total
	1970	1969	1968	1967	1963 1966		
1. Quadruple DTPP ...	—	—	—	—	—	—	—
2. Triple DTP ...	—	11	66	74	171	13	335
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	—	4	1	2054	5	2064
5. Diphtheria	—	—	—	—	1	—	1
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	1	4	29	25	59
8. Salk	—	—	—	—	—	—	—
9. Sabin	2	10	35	15	3469	13	3544
10. Measles	—	—	—	—	—	—	—
11. Lines 1-2-3-4-5 (Diphtheria) ...	—	11	70	75	2226	18	2400
12. Lines 1-2-3-6 (Whooping Cough)	—	11	66	74	171	13	335
13. 1-2-4-7 (Tetanus)	—	11	71	79	2254	43	2458
14. Lines 1-8-9 (Poliomyelitis) ...	2	10	35	15	3469	13	3544

Day Nurseries

All children are admitted to the local authority nurseries on a waiting list basis with priority admission for urgent cases.

Day nursery care is not just a caring service for emergencies or to enable parents to work, but a very necessary service for training and providing the necessary environment for adequate socialisation of children who come from less favoured homes, e.g. one parent homes, overcrowded accommodation, socially or physically handicapped parents.

Money spent on day nurseries is an investment for the future.

There is a large waiting list for both nurseries. Walsall needs more of these facilities so it is gratifying to report that a new nursery built by Palfrey Park to accommodate up to 50 children, is nearing completion.

Memorial Park Day Nursery, Willenhall.

The Matron reports that the number of immigrant children admitted to the Nursery has not changed but that the parents are adapting better to our way of life and attitudes.

Central Day Nursery.

A smaller Nursery with poor physical accommodation, but in spite of these drawbacks has made so much progress under the new Matron that it is now recognised by the Department of Health and Social Security as a training nursery.

The following table shows the average attendances at the Nurseries: —

	Number on Register at 31.12.70	Total No. of attendances	Average daily attendance
Central Day Nursery, Lichfield Street, Walsall	29	4,506	17·9
Memorial Park Day Nursery, Pinson Road, Willenhall	49	9,279	36·9

Medical inspections and immunisations are routinely undertaken for all children in the nurseries.

Nurseries and Child Minders Regulation Act— amended by Section 60 of the Health Services and Public Health Act, 1968

Registered Minders and Private Nurseries

	Registered at 1.1.70	New Applications	Cancell-ations	Registered 31.12.70
Child Minders	48	28	22	54
Play Groups	21	1	1	21
Home Play Groups	3	—	—	3
Private Nurseries	2	—	—	2
Private Nursery Schools	3	—	—	3

Mrs. Hall, a part-time Health Visitor, has been responsible for most of the work in this section. When she hands her duties over to Social Services Department in the New Year, she will be difficult to replace, such is the quality of her work.

The financial aid given by the local authority to the Pre-School Play Group Association (P.P.A.) has been well spent. The total number of children attending play groups is now 1,531.

Dr. Wootton arranged for each group to admit one handicapped child. This has been very beneficial both to the handicapped child and the other children in the group.

The Association is planning for play groups in high rise flats, a much needed amenity.

Provision of Foods

Various types of proprietary baby foods, National Dried Milk, Orange juice and cod liver oil are available at all child health sessions, and part-time women are employed on the work of distribution. The following table shows the amounts of food sold during the year: —

13,692 tins	National Dried Milk
2,931 bottles	Cod Liver Oil
2,964 packets	Vitamin Tablets
35,811 bottles	Orange Juice
53,651 lbs.	Proprietary Dried Milk
139,631 packages	other Proprietary Nutrients

Unmarried Mothers and Children

The Walsall County Borough is a constituent authority of the Staffordshire County Council Scheme for the care of illegitimate children and their mothers.

I am grateful to the Organising Secretary, Lichfield Diocesan Association for Moral Welfare Work, for submitting the following report: —

"52 cases in which illegitimate births occurred in 1970 have been dealt with by Miss Harrington and these are reported on below. 4 expectant mothers whose babies were due to be born in 1971 had the necessary plans made for their confinements. This makes a total of 56 cases under care in 1970.

8 mothers were accommodated in Diocesan Homes, 37 went into local hospitals for their confinements, 6 went into Homes outside the Diocese, and 1 had her baby at home.

3 cases were married women—2 Divorced and 1 living apart.

1 girl married the putative father.

In all cases where it was possible the putative fathers were interviewed and one affiliation order was made, and in 14 instances grants were made by voluntary societies.

The ages of the mothers ranged from 13 to 40 and are listed as follows: —

Aged 13—1; aged 14—1; aged 15—3; aged 16—2; aged 17—10; aged 18—6; aged 19—6; aged 20—4; aged 21—4; aged 22/27—11; aged 28/34—2; aged 35/40—2.

The ages of the putative fathers ranged between 16 and 40 and are listed as below. The age of 28 were not known.

Aged 16—2; aged 17—1; aged 18—3; aged 20—3; aged 21—1; aged 22/27—3; aged 28/34—8; aged 35/40—2.

The 52 babies who were born were placed as follows: —

32 with mothers at home
2 with parents married
2 with foster parents
2 in Local Authority Homes
8 adopted through this Association
2 adopted privately
2 transferred to another caseworker
2 died.

150 visits have been paid in connection with the 56 cases under review. In addition the homes of 14 prospective adopters have been visited and reported on and 13 babies visited after placings have been made, girls conveyed to Homes and accompanied when they have had to appear in Court or to have their signatures witnessed when consenting to an Adoption Order being made.

We wish to express our appreciation of the help and advice given by the Medical Officer of Health and his staff."

Ambulance Service

It is not possible to compare statistics for this year with previous ones as there was an official strike of the ambulance staff lasting nearly 7 weeks when only emergency cases were handled.

At least one can state with confidence that the new Station will be operative early in the new year, when not only will the service be able to operate from one new Station rather than two very inadequate bases but an early start can be made with the pre-planning of patient movement and a continuous training programme.

AMBULANCE SERVICE

The following table shows the work carried out during the year:—

Month	JOURNEYS										CASES									MILEAGE	
	Illness		Emergency		Other		Abortive and Service		Midwives, Home Nurses Analgesia Apparatus etc.		Illness			Emergency			Other				
	AMB:	S.C.V.	AMB:	S.C.V.	AMB:	S.C.V.	AMB:	S.C.V.	AMB:	S.C.V.	AMBULANCE		S.C.V.	AMBULANCE		S.C.V.	AMBULANCE		S.C.V.	AMB:	S.C.V.
											Stretcher Cases	Sitting Cases		Stretcher Cases	Sitting Cases		Stretcher Cases	Sitting Cases			
Jan.	484	893	253	—	140	163	20	13	—	2	484	673	3565	257	—	—	201	1068	2200	12202	14747
Feb.	536	525	241	—	100	181	17	11	—	5	425	571	3160	241	—	—	181	1011	2019	12663	13256
Mar.	490	217	238	—	31	200	26	5	8	—	550	406	2268	240	—	—	34	21	3568	12490	14319
April	477	350	239	—	39	130	39	—	4	—	73	508	4944	239	—	—	206	46	1593	12505	13231
May	120	648	211	—	68	201	33	—	8	—	26	627	3409	214	—	—	187	61	2735	14081	9353
June	270	596	221	—	74	301	39	—	1	—	340	446	3960	221	—	—	160	181	2925	14748	12634
July	583	183	244	—	49	298	53	—	1	—	518	1510	2705	244	—	—	—	438	2718	14920	12190
Aug.	438	315	240	—	5	12	41	14	—	1	201	256	3946	245	—	—	—	86	141	10586	9407
Sept.	521	188	234	—	57	335	36	7	6	—	323	1485	2696	240	—	—	25	508	3588	9727	13581
Oct.	284	—	247	—	28	50	46	6	4	—	318	20	155	250	—	—	28	80	—	7101	526
Nov.	432	331	231	—	40	61	27	14	—	3	388	68	4833	236	—	—	49	370	590	10628	10047
Dec.	437	399	234	—	69	26	36	8	—	3	164	1221	3770	238	—	—	57	1069	625	9195	11139
Total	5072	4645	2833	—	700	1958	413	78	32	14	3810	7791	39411	2865	—	—	1128	4939	22702	140846	134430

Rehousing

Slum clearance and replacement of old houses lacking essential amenities go hand in hand with rehousing. Like most authorities the County Borough of Walsall has had a housing points scheme in operation since July 1958.

The Medical Officer of Health has powers under the scheme to award points at his discretion to applicants who face health hazards due to the conditions of the house in which they live. If a change in housing is likely to prevent further deterioration or bring relief to the applicant's ill-health, points are awarded.

In certain circumstances, the Medical Officer of Health has been given authority to make a medical recommendation for immediate rehousing, (recommendation—category A) or for rehousing after a waiting period of six months (recommendation—category B).

Applicants who submit applications for rehousing on health grounds are investigated by the Medical Officer of Health and his departmental staff. After collecting all relevant information about the applicant's ill health, the condition of the house, a recommendation is made to the Housing Manager.

During 1970, 333 applications were investigated by the Health Department and the following table gives an account of the type of recommendations made by the Medical Officer of Health.

	No. of cases
Points awarded	16
Rehousing recommendation—	
category A	53
category B	87
***transfers	27
No medical recommendation ...	150
Total number of applications ...	333

*** Transfer means a change from one Council property to another.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Sick-Room Appliances Service

Sick-room appliances are available for issue to patients on loan on the recommendation of the hospital, family doctor, district nurse or health visitor.

During the year the following articles were issued:—

Rubber sheets ...	128	Walking aids ...	45
Back rests	181	Urinals	124
Feeding cups ...	15	Air rings	129
Crutches	21 prs.	Wheel chairs	102
Walking sticks ...	70	Bedpans	218
Bed Cradles	85	Bed boards	7
Bed tables	11	Bed blocks	2
Commodes	88	Powell chair ...	1
Sputum cups ...	3		

Convalescent Treatment

Under the Council's convalescent treatment scheme arrangements are made to provide convalescent holidays for persons certified by medical practitioners to require them.

During the year, 13 children were sent to a Convalescent Home at Rhyl for two weeks.

Two adults went to a convalescent home at Llandudno for two weeks and one adult to a convalescent home at Leigh-on-Sea for one week.

The children's part of the scheme is run on similar lines to that operated by the Walsall Poor Children's Country Holiday Society and co-ordination of the two schemes is well established.

Chiropody

The following table shows the number of attendances for chiropody treatment since the commencement of the service:—

	Number of attendances for treatment
1966	4,097
1967	5,864
1968	7,822
1969	9,154
1970	9,072

The slight decrease in the number of treatments during the year is due to the unfortunate illness and death of Mr. Harding, who was one of our two full-time chiropodists and the delay ensueing is being able to find trained chiropodists to take over his patients.

Chiropody should be available to old age pensioners, nursing mothers and school children, but it is not yet possible to meet all the need for this valuable preventive service.

The Chief Chiropodist established a Chiropidial Appliance Department during the year. This will prevent delay in waiting for appliances and ensure that minimal changes in the appliances can be made as required, thereby improving the quality of the service offered.

Home Help Service

Mrs. Brittain was appointed Home Help Organiser following the retirement of Mrs. Ebbans.

This is a difficult service to organise because since there is not sufficient staff to meet all the calls on the service, selection of cases and a rationing of time is necessary, but with her efficiency and sympathetic understanding of the ways of old people, Mrs. Brittain has improved what already was a very good service.

The in-service training course for home helps held during the year, was very successful and will help the staff to gain more insight into the complex problems of the very old.

The staff consists of one full-time Organiser, with one Assistant, 5 full-time and 153 part-time home helps.

1,377 persons were helped during the year of whom 89% were aged 65 years or over. 39 post confinement cases were attended.

MENTAL HEALTH

Administration and Staff

General Medical Supervision	Medical Officer of Health.
	Deputy Medical Officer of Health.
	Medical Officer for Mental Health.
	1 Senior Mental Welfare Officer.
	1 Casework Supervisor.
	6 Mental Welfare Officers.
	1 Trainee Mental Welfare Officer. (Social Workers' Course, 2 years).

Training Centres:—	
Junior—Brewer Street ...	1 Head Teacher.
	7 Supervisor/Teachers.
	1 Male Supervisor/Teacher (One Year Course).
	1 Supervisor/Teacher (Temporary).
	4 General Assistants.
	1 Part-time Female Instructor.
	Domestic Staff.
	1 Part-time Clerical Assistant.
	1 Trainee Supervisor/Teacher.
Adult—Shepwell Green ...	1 Manager.
	1 Deputy Manager.
	2 Male Instructors.
	2 Female Instructors.
	Domestic Staff.
	1 Part-time Clerical Assistant.
Adult—Brewer Street ...	1 Manager.
	1 Deputy Manager.
	2 Male Instructors.
	4 Female Instructors.
	1 Female Instructor (One Year Course).
	Domestic Staff.
	Part-time Clerical Assistant.
Hillfield Hostel, Willenhall	1 Matron.
	1 Deputy Matron.
	2 Female Attendants.
	Ancillary staff.

Approval of Medical Practitioners

The following doctors are approved by the Local Health Authority under the Mental Health Act, 1959, to give medical recommendations for compulsory admission of mentally disordered persons to hospital or reception into Guardianship:—

Dr. T. Ross	General Practitioner.
Dr. G. M. Baker ...	General Practitioner.
Dr. A. B. Davies ...	General Practitioner.
Dr. L. A. Redlich ...	General Practitioner.

Dr. P. G. H. T. Pollitt ...	General Practitioner.
Dr. M. Pendlington ...	General Practitioner.
Dr. E. R. S. Grice ...	General Practitioner.
Dr. J. W. Tanner ...	General Practitioner.
Dr. H. A. H. Summers ...	General Practitioner.
Dr. S. D. Chaudhuri ...	Senior Departmental Medical Officer.
Dr. R. I. Wootton ...	Senior Departmental Medical Officer.
Dr. F. D. Honneyman ...	Consultant Physician (Geriatrics).

I am grateful to Mr. Biddulph, the Senior Mental Welfare Officer, for submitting the report on mental health: —

Admission and After-Care

The following table shows the number of cases dealt with in 1970 under the Mental Health Act, 1959, by the Mental Welfare Officers: —

Removed to hospitals—mental illness	181
Cases investigated	190
No. of patients referred for after-care	412
No. of after-care visits paid	1,956
No. of miscellaneous visits	407
Admissions—Subnormal patients	23
Visits—Subnormal patients	1,209

The following is a summary of placements as at 31st December, 1970: —

Out of the Borough Cases:

	Burton	Staffordshire	West Bromwich
Adult Centre, Brewer Street ...	—	2	8
Shepwell Green ...	—	4	9
Hillfield Hostel ...	1	4	1

Other Authorities' Services:

	Wolverhampton	Staffordshire
Junior Centre ...	6	—
Home for Aged ...	—	1

Holiday Facilities

Holiday Home arrangements for adult trainees were again provided, two parties from the Centres were accommodated at the Miners Welfare Home, Rhyl, a contribution for the maintenance was made by the individual trainee.

Training Centres

Junior Centre, Brewer Street, Walsall.

There were 95 junior trainees on the register at December, 1970.

Trainees are conveyed by departmental coaches or by sitting case ambulances in the case of children with additional handicaps. In the majority of cases the children are escorted by the parents to a "pick up" point, but some are conveyed directly from their home according to individual needs.

A varied programme of training to meet the education and social needs of the individual child is maintained by a low Staff/Pupil ratio, although it is recognised that the ideal ratio has not been obtained even with the appointment of General Assistants who have particular responsibilities. Special Care facilities are provided for pupils with added physical disabilities.

The long awaited extensions to provide care for an extra 25 children were made available on 11th December, 1970. One of the classrooms for Special Care will increase the intake and should be sufficient to meet current needs for a total of 20 children. This particular problem area will require constant review according to survival rates with birth-injury children. Although Junior Centres will be transferred to the Local Education Authority in April, 1971, it is anticipated that the needs of the pre-5 year mentally handicapped child will remain a subject of mutual interest between appropriate departments in order to provide for specialized assessments and training. This has to some extent been overcome in recent months by placements in Day Nurseries and Play Groups to provide alternative facilities.

The establishments of Supervisor/Teachers has been increased and a Trainee Teacher has also been appointed.

Adult Centres:

Number on registers, December, 1970:—

Brewer Street	108
Shepwell Green, Willenhall	51

The structural design of the two centres is contrasting, but minor alterations have been effected at the Shepwell Green Centre in order to offer a more congenial setting for the Trainees in attendance. A

varied programme of training has developed with the Adult Centres and in addition to a work setting, general socialization and housecraft are recognised as important aims within the daily activities. A swimming group has continued to attend at the local Baths.

Contract work is undertaken, while various methods and techniques are introduced to simplify the work in assembly or packing.

The range of completed articles manufactured or finished comprises woodwork, metalwork, rug making, concrete work, printing and the departmental laundry. Efforts are made to vary the movement of trainees to develop a change of skills.

Coach transport is provided but Trainees are encouraged to travel by public transport whenever possible. Bus fares are refunded.

Free meals are provided with an output incentive which is paid weekly and this scheme conforms to the requirements relating to Government allowances.

A group of former patients from Hospitals for the mentally ill attend and accept the facilities intended primarily for the mentally handicapped. These arrangements provide a substitute for Day Hospitals service as there is, of course, a degree of supervision within the Training Centre setting. Whilst this is somewhat experimental there has been no marked problem between the groups.

The Medical Officer for Mental Health makes regular weekly visits to the Training Centres in order to maintain medical supervision over the trainees in attendance. This has now become an accepted essential to include dental care, etc.

In the case of Shepwell Green Centre, a few trainees in attendance are also part-time residents at Hillfield Hostel and return to their parents' home at weekends.

A voluntary Committee with special interest in the Shepwell Green Centre holds periodic meetings and provide extra comforts and service for the trainees.

Residential Accommodation

Hillfield Hostel, Bilston Lane, Willenhall—

(20 beds—10 male, 10 female):

Some of the residents are able to attend for employment in Industry while others are required to attend at the Shepwell Green Centre. An arrangement already in existence, permitting some residents to remain for part-time only (four nights) continues by agreement with the appropriate authority. A contribution towards the cost of maintenance is made by the residents.

A group of working residents enjoyed one week's holiday at a Holiday Camp. They were escorted by a Female Attendant from the Hostel, and total cost of accommodation, coach fare, etc., was borne by the residents.

Residents' finances are controlled by the Matron and records are maintained at the Central Office.

The daily care and guidance is given by the Matron and every effort is made to provide a family atmosphere. Medical attention is readily available from a local general practitioner, but periodic visits are also paid by the Medical staff of this authority.

Day Hospital Service

This service is available for the mentally handicapped at St. Margaret's Hospital and the mentally ill at All Saints' Hospital, Winson Green, and St. Matthew's Hospital, Burntwood. Patients are conveyed to and from their homes by ambulance.

Short Term Care

Selected children were accommodated at a Home established by the National Society for Mentally Handicapped Children. Although it has been the usual practice for several years, for similar facilities at St. Margaret's Hospital, it will be necessary to give consideration to the problem within the Hospital of a 10 year maintenance programme, which will affect the availability of beds for Short Term Care arrangements. This could be overcome by the provision of a Short Stay Home by the Local Authority.

Social Club Activities

The Phoenix Social Club, which meets weekly, is a Club for patients who have been discharged from Mental Hospitals, and for those persons who are in need of a preventive service. It has proved to be a valuable contribution to the Councils Mental Health Service. A varied programme is arranged which includes coach trips, Social Evenings, Film shows, and invited Speakers also attend. Mental Welfare Officers are always in attendance and this allows the patients an opportunity to discuss any problems relating to family matters, employment, and general rehabilitation. The Club is supported by Voluntary Workers, an arrangement which has existed over many years.

The Adult Training Centre Social Club has now become an established activity and this affords an opportunity for Trainees, along with relatives to enjoy a social setting. Many of the mentally handicapped adolescents are deprived of Youth Club activities and lack

opportunities to mix with their age groups. Various voluntary groups send representatives for their particular activity and this permits a personal involvement resulting in a greater appreciation of the problem of the handicapped. Members of staff are always available for such functions.

Future Projects

Residential Accommodation.

Following the publication of a special report upon the problem of accommodation within Hospitals for Subnormals, with the recent proposel that $\frac{1}{3}$rd of the patient population could be disccharged into the Community, recommendations were made to your Committee upon future Local Authority needs which included:

One Short Stay Home for Mentally Handicapped Children;

Three Hostels for Mentally Handicapped Adults;

One Hostel for Mentally Ill Adults;

One Hostel for The Mentally Aged;

within the next five years. It will be necessary to await the actual conclusions of the Regional Hospital Board and Local Hospitals and these may result in the acceleration of any schemes which have been anticipated, but can be affected by the National Financial Policy.

Training Centres.

In the event of discharge of the patients it can be foreseen that many will require special facilities within the Community and Training Centres would appear to be a suitable area for additional developments.

It will be essential to review the provision for Training and Care of the Adult Dual-Handicapped Trainee. This has been an area of vague shared-responsibility between Local Authority and Hospital but the daily Care and Special Training, must be given special consideration with regard to premises and staff.

Community Mental Health Day Centre.

Discussions have been held with the Medical, Nursing and Administrative Staff of St. Matthew's Hospital and agreement has been reached upon the provision of Day Centre facilities. This will be regarded as a Joint venture: the Hospital Management Committee bearing financial responsibility for the Nursing Staff whilst the Local Authority will provide Premises, Meals etc.

Although selection will be specialized in the initial venture, it is anticipated that a development of similar service could be operated in conjunction with the domiciliary service provided by Social Workers, thereby attaining a wider range of facilities within the Community.

Courses

One Mental Welfare Officer has completed the Certificate of Social Work Course at Birmingham and the Trainee Officer has commenced the two year course in September 1970.

The male teacher at the Junior Training Centre has commenced a one year Course for Teachers of Mentally Handicapped Children at Bilston in September 1970.

One female instructor from the Adult Centres completed a one year course for Teachers of Mentally Handicapped Adults at Bilston in 1970 and another member of Staff commenced a similar course in September 1970.

Other members of the staff were encouraged to attend various short courses covering such subjects as management, social work, and training within Adult Centres.

MENTAL HEALTH ACT, 1959

Number of patients referred to Local Health Authority during the year ended 31.12.70

Referred by	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals
	Under Age 16		16 years and over		Under Age 16		16 years and over		Under Age 16		16 years and over		Under Age 16		16 years and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(a) General Practitioners	—	—	2	4	—	—	—	—	—	—	—	—	—	—	—	—	6
(b) Hospitals, on discharge from in-patients treatment	—	—	155	262	—	—	3	1	—	—	7	3	1	—	—	3	435
(c) Hospitals, after or during out-patient or day treatment ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Local Education Authorities ...	—	—	—	—	—	—	—	—	1	—	7	8	3	3	—	—	22
(e) Police and Courts	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
(f) Other Sources	—	—	3	10	—	—	—	—	—	—	4	4	—	—	—	—	21
(g) TOTAL	—	—	161	276	—	—	3	1	1	—	18	15	4	3	—	3	485

As from 1st January 1968, "referral" was limited to persons who were referred to the authority for the provision of services, whether centre or hostel, by means of home visits or otherwise. Referrals made for the purpose of obtaining admission to hospital were not counted.

MENTAL HEALTH ACT, 1959

Number of patients awaiting entry to hospital, admitted for temporary residential care or admitted to guardianship during 1970

	Mentally Ill				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under Age 16		16 and over				Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year.																			
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	3
(c) Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	3
2. Number of admissions for temporary residential care (e.g. to relieve the family).																			
(a) To N.H.S. hospitals	—	—	—	1	—	—	—	—	—	—	—	—	—	—	10	3	1	2	17
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—	5
(d) Total	—	—	—	1	—	—	—	—	—	—	—	—	—	—	12	5	4	2	24
3. (a) Admissions to guardianship during the year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Total number under guardianship at end of year	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	2	1	6

MENTAL HEALTH ACT, 1959

Number of persons under Local Health Authority care at 31st December, 1970

	Mentally Ill				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely Subnormal				Total
	Under Age 16		16 and over				Under Age 16		16 and over		Under Age 16		16 and over		Under Age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Total number	—	—	144	207	—	5	—	—	2	3	1	—	200	148	64	62	67	100	1003
2. Attending workshops, day centres, or training centres (including special units) ...	—	—	10	7	—	—	—	—	—	—	—	—	10	15	50	54	39	52	237
3. Awaiting entry to workshops, day centres, or training centres (including special units)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	5	—	—	17
4. Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Resident in L.A. home/hostel	—	—	1	—	—	1	—	—	—	—	—	—	5	4	—	—	2	4	17
7. Awaiting residence in L.A. home/hostel ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2
8. Resident in other homes/hostels	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2
9. Boarded out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Attending day hospitals	—	—	4	5	—	—	—	—	—	—	—	—	—	—	1	1	—	—	11
11. Receiving home visits and not included in lines 2-10 (a) suitable to attend a training centre	—	—	13	4	—	—	—	—	—	—	—	—	7	5	1	1	6	9	46
11. Receiving home visits and not included in lines 2-10 (b) others	—	—	121	196	—	4	—	—	2	3	1	—	179	127	1	2	21	39	696

12. Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)	Male	NIL
	Female	NIL
13. Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948	Male	2
	Female	NIL

Nursing Homes

At the end of the year there were no nursing homes registered under the Public Health Act, 1936.

Medical Examinations

All employees of the Corporation are medically examined under the Regulations approved by the Establishment Committee on 29th March, 1950, and the Medical Officer of Health as a medical referee for the Corporation, is responsible for conducting such examinations and to advise the department concerned on the fitness of each employee.

Practically all medical officers in the Health Department are involved in conducting such examinations. The final decision on the fitness of an employee rests with the Medical Officer of Health.

Over the years there has been a steady increase in the number of examinations carried out by the Health Department.

The following table shows the number of medical examinations carried out during the year:—

Eduction Department	174
Health Department	138
Transport Department	348
Housing Department	48
Public Works Department	117
Borough Treasurer's Department ...	15
Baths, Parks and Cemeteries	61
Institute for the Blind	1
Children Department	23
Town Clerk's Department	23
Welfare Department	18
Borough Architect's Department ...	18
Public Libraries	16
Fire Department	11
Magistrates Clerks'	1
Questionnaires re Medical Examination ...	277

In order to arrive at a competent decision on the fitness of the employee, apart from conducting a thorough medical examination, it is essential to liaise with general practitioners, consultant specialists at the hospitals and the laboratory and chest x-ray services in the County Borough. It is also highly important for a medical officer to have a thorough knowledge of the actual work undertaken by the employee.

Assessment of the fitness of an employee is related to his physical status and type of work involved.

The importance of an industrial health service which ensures that employees in the Corporation do not work in employment which may injure their health, and by paying attention to rehabilitation after an injury or illness, ensures that as many employees as possible can continue to work effectively for the Corporation, has both humanitarian and economic advantages.

Water Supplies

The following information has been received from suppliers of water to the County Borough of Walsall:—

The Engineer in Chief of the South Staffordshire Waterworks Company reports as follows:—

(a) "The water supply to the County Borough has been satisfactory in quality and quantity apart from an above average incidence of discolouration complaints that occurred during the summer months. This was discussed at a meeting on 23rd July, 1970 between Dr. Burrows, Mr. Barton and members of my staff. Subsequently, a letter dated 27th July, 1970 was sent to you which defined the causes of the complaints and set out remedial measures that had already been started by the Company or were planned. In the autumn the incidence of these complaints declined as predicted.

The supply to the County Borough of Walsall is derived from pumping stations outside the boundaries of the Authority. These pumping stations are examined regularly and where treatment is installed, bacteriological examinations of the raw waters are also carried out.

During 1970, routine samples were examined within the County Borough from Walsall Reservoirs, Daisy Bank Crescent, Walsall, Walsall Area Office, The Pinflod, Bloxwich and 15, Slater Street, Darlaston.

13 samples from Bloxwich, 14 from Darlaston, 15 from Walsall Area Office and 12 from Daisy Bank Crescent, Walsall were all satisfactory both bacteriologically and chemically. Typical analyses from these four points are attached.

92 out of 96 samples from the Walsall Reservoirs were free from coliform bacteria.

(b) In each case where supply water showed any evidence of bacteriological characteristics slightly differing from normal, repeat samples were always promptly obtained. Where traces

of contamination have been detected, further sampling, following corrective action where necessary, has resulted in rapid restoration of entirely satisfactory results.

(c) At the 31st December 1970, 46,121 houses were supplied from the Company's distribution. There are no houses supplied from standpipes. The population is estimated to be 3·07 persons per house.

(d) Only one of the supplying stations contains any significant quantity of naturally occurring fluoride. This is Seedy Mill, where an average of 0·19 p.p.m. was obtained in 1970.

The waters are not liable to plumbo-solvency, all the tap samples being free from any appreciable quantity of lead."

Wolverhampton Corporation Water Undertaking supplies 14,592 houses with an estimated population of 43,680 in the Borough of Walsall.

This water comes from a mixture of sources.

The following information has been extracted from the Undertakings Annual Report for the year.

(a) "The water supply to the area has been satisfactory in (i) quality, (ii) quantity.

(b) No instances of contamination occurred.

(c) No artificial fluoridation of water is carried out. Natural fluoride content at any point within the supply area will fall between 0·02 and 0·13 p.p.m.

(d) The waters supplied are not plumbo-solvent.

Sewerage

The Main Drainage and Sewage Disposal Authority for the district is the Upper Tame Main Drainage Authority, from whom I have received the following report: —

"The long term proposals for the Borough of Walsall involved the discharge of the majority of the foul sewage to a proposed Works in the Sandwell Valley, the Northern area being dealt with at a reconstructed Goscote Works. Consequent upon the Minister's refusal to permit the development of a large centralised Works on the Sandwell Valley site, the Authority has decided to develop five sites to serve the whole of the Black Country, and two of these specifically relate to the Borough of Walsall.

The present plans therefore are to develop the Brockhurst Works to cater for all future flows likely to arise within the present Brockhurst Drainage District and to develop the Walsall Road Works, which is the old Willenhall Works, to deal with flows arising from the Western part of the Borough, and to develop the existing Works at Goscote to deal not only with the Northern part of the County Borough, but also a substantial area of Aldridge/Brownhills Urban District.

The Goscote Scheme is due to start mid 1971 and to be completed by 1974, and the other two developments based on Brockhurst and Walsall Road will be completed before 1980. At all three sites the Authority has decided to give a high standard of treatment, going far beyond the Royal Commission Standard, so that the streams in the area which consist substantially of Sewage Works effluents will improve in quality and be capable of being developed as amenity features.

In addition to the long term Capital Works, the Authority is currently carrying out at Brockhurst and at Walsall Road, short term remedial measures to improve the effluent between the present time and the commissioning of the long term permanent Works."

National Assistance Act, 1948, Section 47

This section provides for the compulsory removal of persons living in unsanitary conditions who are in need of care and attention.

A considerable number of these cases are referred to the department each year. Every effort is made by the medical staff of the department to avoid the use of compulsory powers. Gentle persuasion is often successful and the patient goes voluntarily to hospital. If this fails, all the anciliary services and any helpful neighbours are mobilised to deal temporarily with the situation until the problem can be resolved. This work is very time consuming but well justified.

There was only one case during the year where it was necessary to use the compulsory powers in the Act.

Cremation

The Medical Officer of Health is the Medical Referee to the Walsall Corporation under the regulations made in pursuance of the Cremation Acts, and is responsible to the Corporation for the final authority to cremate. The Deputy Medical Officer of Health and the Senior Department Medical Officer act as medical referees in the absence of the Medical Officer of Health.

During 1970 certificates were given in respect of 747 deaths of persons who had resided in Walsall and 447 in respect of persons who had resided outside the Borough, a total of 1,194.

Blind Persons

The care of blind persons is a function of the Welfare Committee in Walsall and thy work in close conjunction with the Walsall, Wednesbury and District Society for the Blind. There is a modern institution and workshop for the blind in the town and the facilities and care provided are of the best.

At the end of 1970 there were 414 Walsall residents on the register for the blind and 71 on the register for the partially-sighted.

COUNTY BOROUGH OF WALSALL

ANNUAL REPORT

OF THE

Chief Public Health Inspector

for the year ended 31st December, 1970

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the public health inspectorate for the past year.

It is trusted that the following pages will show that the department has been effective in promoting public health within the limits of its powers and resources. These limitations of the department in powers and resources appear sometimes to be overlooked, especially at the present time when so much stress is placed on improving the environment and preventing pollution.

As far as statute law is concerned the "best practicable means" defence is the limitation imposed. It is a limitation which must have regard not only to local conditions and circumstances but also to financial implications and the current state of technical knowledge. This is the limitation laid down by Parliament although, fortunately, it is not a fixed limitation since technical knowledge always advances and the same knowledge makes formerly impracticable projects financially feasible. The other legal power under common law to obtain an injunction, whilst free from the best practicable means defence, is not a power normally exercised by local authorities. It is usually regarded as a power within the prerogative of any individual or group of the general public.

Much of the work of the department, in fact, depends upon powers of persuasion based on discussion and whilst this can sometimes achieve results in advance of legal requirements, it has to be recognised that the department's persuasive voice is greatly strengthened when strong legal sanctions are in the background. It would certainly seem that some of the legal powers available to the department, particularly perhaps those in relation to noise control, are in need of review, having regard to the higher environmental standards now demanded by the public.

The remaining limitation on the department is its resources of staff and time. Over the past years much effort has been made to streamline procedures, cut out unnecessary work and make the best use of qualified staff. It is considered that these efforts have done much to absorb the increased work load of the department without corresponding increases in staff. But the general pressure of work with some staff losses and difficulty of replacement have continued to impose limitations on the work undertaken. In particular, survey work for future programming of the department's work and also educational work in food hygiene have had to be restricted, as work which is time consuming and not of immediate necessity, although the long term effect would be beneficial both in efficiency and effectiveness.

Although the figure of about eleven thousand complaints and enquiries by personal call, telephone or letter is a fall of about three thousand on the abnormally high figure of the preceding year to a more normal level, it remains a high level of work for the department. Since much of the day by day complaint work falls upon the general district inspectors, this fall should have led to a welcome increase in routine inspections which form the other major part of the district inspectors' work but, unfortunately, it is in the district division that staff shortages have had most effect and routine inspection work, particularly of food premises, has remained inadequate.

The district inspectors are also involved in general housing work since they deal with all property disrepair and maintenance falling short of formal housing action for closure or demolition, or applications for improvement grants. To the extent that the district inspectors are unable adequately to cover their districts, the housing stock of the town must to some extent suffer.

The work of the district inspectors has been further increased by distributing amongst them all the applications received for qualification certificates under the new fair rent procedure. Despite the attempt by the department to obtain an even flow of these applications, they tend to be lodged in sizeable batches and delays in dealing with them have inevitably arisen.

In the specialized housing field it is pleasing to report that the figure of five hundred houses a year for slum clearance has been achieved. The Health Committee action in dealing with these houses is, of course, but the first formal stage in a long procedure and it has to be recognised that at any one time approximately a thousand families are in the "pipeline" of formal and legal procedure awaiting rehousing. This was one matter taken into account in the revised slum clearance procedure adopted by the Council during the year. Nevertheless, if the present rate of progress is maintained, the work

of slum clearance at the present rate as far as the Health Committee is concerned should be largely completed by the end of 1973. At the end of this time increased attention will need to be given to a group of about a thousand borderline houses where the possibility of repair and improvement will be fully explored as an alternative to clearance or closure. Even if many of these houses should prove to be so unfit as to be incapable of improvement or repair, the annual number of unfit houses dealt with in succeeding years should be much reduced.

Another aspect of slum clearance covered in the new procedure approved during the year was the problem arising from the intermingling of unfit and fit houses in one block or with commercial and industrial premises. It was also recognised that present day clearance areas are much smaller, though more numerous, than in preceding years. In consequence of this intermingling and the smallness of the areas involved, complicated problems of demolition, clearance and redevelopment arise. The new procedure is designed to take all these factors into account at an early stage.

As mentioned, the important work of food hygiene shows a reduction in the number of visits. The figure for the year was about three thousand and it is calculated that a minimum figure in the region of six thousand visits a year is required to give reasonable coverage. It is hoped to improve upon the position with the use of a newly qualified inspector in the summer of 1971 if no further staff losses arise. The year has, however, seen some improvement in food hygiene work with the distribution of Codes of Practice, the preparation of a food hygiene handbook for mass distribution and the welcome commencement of work on the market food traders accommodation and stalls. The introduction of the practice of poultry slaughter at retail shops, referred to in the body of this report, is considered to be a retrograde step.

The work of domestic smoke control has remained at a standstill because of financial difficulties and fears of solid fuel shortages. The fears of solid fuel shortages did not materialise and it seems unlikely that further smoke control will be impeded by solid smokeless fuel shortages, particularly in view of the increasing amount of solid smokeless fuel becoming available and the high percentage of conversion to other fuels. It can be recalled that about three quarters of the smoke pollution in the air is from the domestic coal fire and an early return to an active domestic smoke control programme would seem a top priority in combatting pollution of the air.

Despite the delay in the domestic smoke control programme, there has been a continuous effort to reduce the amount of smoke and grit from industrial processes. That there must have been some measure of success is shown by the chart on page 101 which shows a reduction of the smoke in the air of the town to about half of what it was some five years ago.

Concern about noise continues to grow, although the powers available remain static. The need to mitigate noise from the earliest planning stage becomes more apparent. The day will surely come when all new machinery will be required to meet noise level requirements before installation, or particular trades may be subject to special control, or offered the opportunity of prior approval before operations commence or alterations are carried out. There is a precedent for the suggestion in existing public health legislation.

This reference to existing public health legislation may serve to remind that in all the present concern about environmental pollution the public health service has been persistently working away and adapting itself for many years. There are within the department Annual Reports reaching back almost a hundred years. One of the earliest of about 1877 refers to concern about the pollution of water supplies and the remedial action taken. Despite the limitations in powers and resources of the department it is hoped that this report shows that the work of persistent endeavour continues with some success.

I would express my thanks to the senior members of the staff who have assisted in compiling the report and to all members of the staff for their efforts during the year. In particular, I express my thanks to the Health Committee for their unfailing support.

J. P. BARTON,

Chief Public Health Inspector.

PART 1 — GENERAL

The number of complaints of all kinds received by the department during the year was 5,400 of which 1,897 referred to nuisances and disrepair of property. The figures for the previous year are set out below for the purposes of comparison:—

	1970	1969
Complaints dealt with	5,400	5,750
Notices served	687	840
Enquiries handled	11,200	14,000
Visits made for all purposes ...	34,075	37,673

The reorganisation of districts, with a fewer number of districts, introduced early in 1969, worked well until seriously affected by the resignation of the Darlaston district inspector. Arrangements were made for the senior district inspector to cover both the Central and the Darlaston districts with the assistance of a technical assistant as a temporary measure. Unfortunately, advertisements by the end of the year had not succeeded in filling the vacancy and the situation was being reviewed by the Health Committee. The coverage of two districts by one inspector meant that only day-by-day complaints could receive attention and that routine inspections, particularly to food shops, decreased in consequence.

Offices, Shops and Railway Premises Act, 1963.

With staff changes and the need to transfer a technical assistant to general district duties as described above, most of the routine work of the inspection of non-food shops and of offices, has fallen upon one authorised officer during the year. Fortunately, now that the initial survey work under the Act is completed, the time available for routine inspection has been correspondingly increased and it has been possible to maintain a satisfactory level of inspection. The staffing requirements for the work will be reviewed in the course of the following year.

A street by street check of shops has been carried out as opportunity has permitted against the various official registers maintained in the department. This has shown a surprising number of changes in occupancy and trade, or closure of businesses. It is difficult to keep abreast of the situation and systematic routine checking street by street seems the only answer if time permits. One example is quoted of a cafe which had four different occupiers in the course of twelve months.

The inspection of premises registered under the Offices, Shops and Railway Premises Act which are also food premises is carried out by public health inspectors mainly in the district division or in the food division in the case of special food trades. By this arrangement inspections under the Act are integrated with inspections under the Food Hygiene Regulations and other legislation and duplication of work is avoided.

The official report on the administration of the Offices, Shops and Railway Premises Act was made to the Department of Employment and Productivity. The report contained the following information: —

Registration

The number of premises registered has increased to 1,520 from the figure of 1,500 at the end of 1969.

A figure of 201 new registrations is partly the result of a street by street survey, partly new shops in redevelopment schemes and partly merely change of occupancy. 176 registrations were deleted from the register and there were five changes of occupancy leaving an increase of 20.

Contraventions

298 letters were sent during the year drawing attention to 865 contraventions, this being a substantial decrease on the 1,610 contraventions in the previous year.

The majority of contraventions were remedied on request but in two cases prosecutions were instituted. The Court imposed fines and costs totalling £127 in respect of seven counts involved. Proceedings relating to three counts were withdrawn.

Inspections

3,314 visits were made by authorised officers or public health inspectors compared with 2,197 in the previous year and 667 general inspections against the previous year's figure of 1,086.

Accidents

34 accidents (necessitating absence from work for more than three days) were reported during the year. Investigations were carried out as necessary. No necessity arose to consider legal proceedings.

The prescribed particulars, as supplied to the Department of Employment and Productivity, are as follows: —

Registration and General Inspections :

Class of premises	Number of premises newly registered during the year	Total number of registered premises at end of year	Number of registered premises receiving one or more general insp. during the year
Offices	50	342	114
Retail Shops	121	921	423
Wholesale shops, warehouses	10	56	24
Catering establishments open to the public, canteens	19	200	106
Fuel Storage Depots ...	1	1	—
Total ...	201	1,520	667

Number of visits of all kinds (including general inspections) to registered premises 3,313

Analysis by workplace of persons employed in registered premises

Class of workplace	Number of persons employed
Offices	3,669
Retail shops	5,102
Wholesale departments, warehouses	722
Catering establishments open to the public ...	1,178
Canteens	87
Fuel Storage Depots	20
Total ...	10,778

Total Males ... 3,953 Total Females ... 6,825

Walsall Corporation Act, 1969—Section 109—Sanitary accommodation Fairs, exhibitions, etc.

The provisions of Section 109 of the Walsall Corporation Act became operative during the year and required the owner or occupier of premises at which any exhibition, performance, amusement, game or sport to which the public is admitted to provide to the reasonable

satisfaction of the Corporation such numbers of sanitary conveniences for the use of the public resorting to such premises or place as may be reasonable.

The provisions of the section were brought to the notice of the Baths, Parks and Cemeteries Committee in relation to those fêtes and functions held in public parks throughout the year. It was suggested that, in preference to the organisers providing temporary sanitary facilities of varying quality, the Corporation should purchase, for hire, purpose built mobile toilet units. These units would be temporarily erected for the duration of the particular event on permanently provided hard standings complete with drainage connection, water supply and electricity points. The hire and use of these units would become part of the contractual obligation of the organisers of any particular event.

The Baths, Parks and Cemeteries Committee agreed to make appropriate financial provision in the following year's estimates and this decision is to be welcomed. The provision of toilets with waterclosets and wash basins for the large number of people congregating at outside events should be a considerable improvement over the pail closets with tarpaulin or hessian surrounds, and makeshift urinals which have been an unsatisfactory feature of outside events in the past.

Betting Shops

A similar requirement in the same Section 109 applies to betting shops requiring the provision of sufficient sanitary accommodation for members of the public resorting to the betting shop.

A survey was also commenced during the year into the effect of the section upon betting shops and liaison was established with the Clerk to the Licensing Justices in this matter. The only sanitary accommodation commonly provided at betting shops is that for employees under the provisions of the Offices, Shops and Railway Premises Act and it is felt that the provision of sanitary accommodation for betting shop clients, whilst necessary, will take some time to implement with the practical difficulties involved.

Chronically Sick and Disabled Persons—sanitary accommodation.

Another duty delegated to the Health Committee during the year was Section 6 of the Chronically Sick and Disabled Persons Act, 1970 which requires the provision of sanitary conveniences for disabled persons at places of refreshment or entertainment. A survey was commenced on the basis of information in the department to

see which premises could lend themselves to adaptation. It soon became apparent that many practical difficulties would arise in adaptations to existing premises, although provision could be made at the planning stage in new buildings. A further question to be determined was the number and type of premises to be adapted, since some selection of premises was obviously necessary. Towards the end of the year preliminary contact was being made with the newly formed Social Services Department to obtain guidance on this point.

Hairdressers and Barbers.

The Walsall Corporation Act, 1954 required the registration of hairdressers and barbers within the area of the old Borough boundaries and under the provisions of this Act 170 registrations are in force. Section 190 of the Walsall Corporation Act, 1969 re-enacts this power to cover the whole of the enlarged area of the Borough and arrangements were put in hand during the year to register all hairdressers and barbers in the Willenhall and Darlaston areas. Steps were also taken to obtain new and standardised byelaws for the whole Borough since the existing byelaws, which varied in wording, applied only to Darlaston and Walsall and expired during 1970.

Animal Boarding Establishments.

Pet Shops.

One Animal Boarding Establishment and 11 Pet Shops are licensed in Walsall under the Acts applying to these premises. Routine inspections were carried out and it was found that generally licence conditions were observed. Some concern was caused during the year from the display of a bear in a cage. No provisions of the Pet Animals Act were being contravened but the proprietors agreed to remove the bear to other quarters to avoid further public concern.

Factories and Outworkers

The prescribed particulars as supplied to the Department of Employment and Productivity are set out on Pages 70-72.

Nine notifications from firms employing 41 outworkers were received and inspections carried out. No infringement of the Act was found.

Caravans

The administration of the Caravan Sites and Control of Development Act, 1960 dealing with residential sites is administered by the Health Department in conjunction with the Planning Division. The position at the end of the year was: —

Licensed sites	7
Number of caravans	25
Number of inspections ...	20

As mentioned in the report a year ago, the department's only powers for the control of itinerant caravans is under the Caravan Sites and Control of Development Act 1960, whereby action can be taken under the Act against the owner of the site for operating an unlicensed site. The private Act powers whereby action could be taken against either the occupier of the caravan or the owner of the site for the illegal siting of caravans no longer exist. In a number of instances during the year informal requests were made to owners for caravans to be removed from private land. 81 visits were made to itinerant caravans compared with 189 visits in the preceding year. The siting of itinerant caravans on Corporation land was dealt with by the Public Works Department.

In July 1970 the General Purposes Committee received a report of the Town Clerk on the Caravan Sites Act 1968—Pt. II concerning the provision of gipsy caravan sites. The Council later made representations to the Government, Members of Parliament and other Midlands Authorities on the bringing into force of the Order requiring the provision of such sites. In September 1970 the Town Clerk reported on the attitude of the Ministry of Housing and Local Government and the three local Members of Parliament. The report concluded by asking the General Purposes Committee to determine their policy in relation to Part II of the Caravan Sites Act, 1968. The Committee resolved to take no action on the matter.

Disinfestation

The arrangement reported upon a year ago whereby the Public Works Department undertook the treatment with poison of sewers has now operated over the whole year and surface treatments have been carried out by the Health Department. The exchange of information between the two departments has contributed to the work of bringing the rodent population down to a minimum. A list of addresses from which complaints are received is sent by the Health Department to the Public Works Department and in return the Public Works Deparment advise the Health Department of the nature of sewer treatment work carried out. Further co-ordination has been brought about by meetings of the officers of the two departments with officers of the Ministry of Agriculture, Fisheries and Food to ensure the use of the best techniques.

Following intensive treatment with the poison sodium fluoroacetamide, test baiting of the sewers was carried out during the year. In the 8,000 manholes tested, takes indicating the presence of rats

were found in only 98 manholes, but the work of baiting and test baiting sewers must be carried out incessantly if infestation with rats is to be kept down to a minimum.

Despite the successful sewer treatments, there has been an increase in rat and mice complaints from 2,050 in the preceding year to 2,455 for the current year but it will be seen from the figures below that the increase is mainly in mice complaints. The figures will need to be examined to see if any significance is attached to this increased number of mice complaints but the general impression is that it simply reflects a greater tendency of the public to ask for the help of the department where in former years they would have dealt with the problem themselves. It is not thought that the smaller increase in rat complaints is significant on one year's figures but a close watch will be kept on the situation. A revised procedure has been put into practice during the year whereby the district inspectors receive copies of all complaints and examine the job sheets of the rodent operatives to reinforce the control measures already taken.

In addition to treatments for the presence of rats and mice at surface premises, the Disinfestation Depot at Bloxwich made 518 inspections of houses or other property in response to complaints of insect pests, e.g., ants, wasps and spider beetles.

Towards the end of the year the strike of manual workers affected the routine collection of household refuse. This resulted in disposal points being arranged at many points throughout the Borough. After a while it became apparent that organic matter deposited in the refuse was giving rise to nuisance and to keep to a minimum as far as possible smell, flies, rats and other vermin, treatment of the deposits was carried out as a routine by the staff of the Bloxwich Disinfestation Depot. Appropriate insecticides, disinfectants and deodorants were used.

The practice of inspection by the disinfestation staff of the living accommodation of prospective or exchanging Council tenants has continued. Close attention is paid to this work by the disinfestation section of the department, since new Regulations two years ago had the effect of increasing the difficulties in using hydrogen cyanide fumigation and reliance must now be placed on contact insecticides. This practice of using contact insecticides in place of cyanide is in common with the practice adopted by other local authorities. The use of contact insecticides takes longer than the use of hydrogen cyanide fumigation and is not so certain in its immediate effect, but is much safer. Every effort is made to speed up the process, taking care not to lose on the effectiveness of the treatment in consequence, but the longer treatment involved does mean some delay in rehousing when verminous infestations are found, especially if re-treatments are required.

2,960 visits or revisits were made by disinfestation staff to houses prior to removals, this being a decrease on the figure of 3,600 for the previous year. 24 cases of bug infestation were found. 50 cases of woodworm were found as against 94 cases during the previous year.

A report on the method of costing and charging for disinfestation work was presented during the year in conjunction with the Borough Treasurer's Department. It was decided to introduce flat rate charging and this led to a considerable simplification in procedures with corresponding saving in clerical time.

The work of disinfestation is shown in a summarised form below:—

	1970	1969
Complaints of rats	1,285	1,201
Complaints of mice	1,170	849
Visits to deal with rats and mice ...	9,543	7,950
Premises treated for insect pests ...	518	790
Inspections prior to rehousing ...	2,960	3,600

Canals

The Health Committee requested during the year an overall report on disused canals throughout the Borough in view of the constant complaints of nuisance from indiscriminate tipping, rodent infestations and general unsightliness.

A distinction had to be drawn in preparing the report between those canals which, although practically unused commercially, or even for private purposes, are still maintained in a navigable condition. The report was therefore mainly confined to four completely disused canal sections; (1) Disused arm at Fishley Lane Bridge; (2) Branch canal adjoining the Mossley Estate; (3) Anson Branch adjoining Reedswood Park; (4) the Bentley Canal.

The report outlined the various legal powers applying public health provisions to canals. It was pointed out that the use of these powers was generally impracticable. The legal procedure could often only be applied against the Waterways Board, who were themselves as much concerned about illicit dumping and damage as were the local authority and local residents. The difficulty of obtaining proof of the persons responsible for the dumping or damage prevented the most appropriate legal proceedings being taken.

It was considered that the culverting and filling in of the disused canals was the only practical answer and an appropriate recommendation was sent to the Planning Committee who were considering the

whole future of canals jointly with the Waterways Board. It was noted that the Bentley Canal was being culverted as an essential part of the flood relief proposals for the Willenhall area. Other proposals for filling in the disused branch near the Mossley Estate were also under consideration by the Waterways Board.

The report referred to provision of bulk refuse containers under the Civic Amenities Act to assist the public in disposing of unwanted articles not acceptable in the normal domestic refuse collection service.

Refuse Disposal

Bulk Refuse Containers

The Civic Amenities Act, 1967 requires the provision of refuse dumps for people resident in the district to use free of charge. The dumps are not intended for trade refuse. The intention is to provide the public with a means of disposing of unwanted articles and rubbish which cannot be handled by the normal refuse collection services, and thus to reduce indiscriminate dumping in such places as waste land, hedgerows, canals and streams.

In an effort to meet the requirements of the Act and provide the public with good facilities, about fifteen bulk refuse containers were placed in various parts of the district by the Public Works Department. The bins undoubtedly served a useful purpose as a depositing point for unwanted articles and rubbish and practically all the containers were heavily used or over-used.

The appearance and over-use of the containers gave rise to many complaints. Some of the containers were discontinued and some were re-sited. Experience showed that the containers should be on sites well clear of houses and not in too conspicuous a site, although it was also necessary to find a site which is reasonably accessible. The more frequent emptying of the containers, the provision of hard-standings, landscaping and fencing of the sites were all under discussion at the end of the year.

It was obvious that difficulties were increased by the unauthorised sorting of rubbish by "tatters" and children. It was also noted that the containers were used for the depositing of trade refuse. Means of exercising closer supervision have been one of the points under discussion.

During the strike of Corporation refuse collectors the containers and also dumps of rubbish throughout the Borough were visited frequently by staff from the Disinfestation Depot and treated with disinfectants, deodorants and insecticides to suppress odours and vermin.

Refuse Tips

In the course of the year complaints were received about the Corporation tip off Bentley Lane and in respect of private refuse tips within the Borough. The complaints in respect of the Corporation tip were eventually made in a petition from residents of the Beechdale Estate complaining of offensive odour and nuisance from dust, dirt and paper blown on to their houses—particularly in dry weather. Complaints were also received of fires on or near the tip face which caused a nuisance from smoke and fumes. The complaints were investigated with officers of the Borough Surveyor's department and an improvement in general conditions was achieved. With the large area involved fencing of the tip was impracticable which unfortunately allowed unauthorised access to the tip, with unregulated dumping or disturbance of deposited refuse, and the lighting of fires. At the present time tipping in the area has ceased and the tip area is covered.

Large private tips are operated in the Borough for the disposal of private trade waste. In the case of one tip meetings were held with representatives of the company concerned to ensure observance of the planning conditions imposed when the tip was brought into operation. In the case of another privately owned tip it was necessary to serve an Abatement Notice to obtain better coverage of the tip surface and the better control over the disposal of inflammable or offensive liquids.

Mineshafts

It became known during the year that a disused mineshaft was being used for the disposal of liquid waste. The use of the shaft was commenced without permission first being obtained. In satisfactory circumstances use can be made of mineshafts for the reception of wastes but in this instance a Works within a quarter of a mile had a borehole for the supply of water for industrial purposes. The situation of the shaft was also close to houses and without stringent precautions nuisance could arise from odour and noise from vehicles.

The Health Department informed various bodies having an interest in the establishment of a business of this nature—Trent River Authority, National Coal Board, and Water Undertakings. The Planning Committee served an Enforcement Notice together with a Stop Notice and the use of the mineshaft subsequently ceased.

Another mineshaft in the district has been used for many years for the discharge of tarry wastes. In this case the shaft is isolated and has been accepted by the authorities concerned for the years it has been in use.

Refuse Tipping Byelaws

The tipping of refuse, particularly trade refuse containing toxic or inflammable material, is a matter of growing concern both locally and nationally. The problem grows more acute with the increased pressure for tipping space. Up to the present time the major form of control has been the attachment of planning conditions to any consent given in respect of new development, but these cannot be applied to tips already in operation, nor is the enforcement of planning conditions the best method of day-by-day enforcement.

The Health Committee have therefore taken the opportunity to obtain powers under the Walsall Corporation Act, 1969 to make byelaws controlling tipping, and during the course of the year resolved to take steps to obtain the necessary byelaw powers. Two government reports on refuse disposal were awaited at the end of the year, one on refuse disposal in general and the other on the disposal of toxic wastes. The deputy chief public health inspector is a member of the government Working Party producing the report on toxic wastes.

Offensive Trades

There is only one registered offensive trade in the Borough, this being the trade of gut scraping. During the year further complaints were received of offensive odours from the premises and it was considered necessary to institute legal proceedings. The magistrates made a Nuisance Order enforcing the requirements of the department. In addition to this action the Health Committee took steps to introduce renewed byelaws relating to offensive trades.

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

1—INSPECTIONS for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	10	10	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,473	648	57	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	7	—	—	—
Total ...	1,490	658	57	—

2—**Cases in which DEFECTS were found.**

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	Referred By H.M. Inspector (5)	
Want of cleanliness (S.1)					
Overcrowding (S.2)					
Unreasonable temperature (S.3) ...					
Inadequate ventilation (S.4) ...					
Ineffective drainage of floors (S.6)					
Sanitary Conveniences (S.7) ...					
(a) Insufficient					
(b) Unsuitable or defective ...	57	40	—	22	—
(c) Not separate for sexes ...					
Other offences against the Act ... (not including offences relating to Outwork)					
Total ...	57	40	—	22	—

PART VIII OF THE ACT

OUTWORK

(Sections 133 and 134)

Nature of Works	Section 133			Section 134		
	No. of out-workers in August list required by Section 133 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel — Making etc. ...	37	—	—	—	—	—
Carding etc. of Buttons etc.	4	—	—	—	—	—
Total ...	41	—	—	—	—	—

PART II — HOUSING

House Repair

During the year 526 houses were repaired as a result of notices served by the district inspectors as against the 681 houses repaired in the previous year. The types of work covered by these notices are those to abate conditions prejudicial to health or a nuisance or, in extreme cases, works necessary to make a house fit for human habitation.

A considerable amount of repair work is now carried out with the aid of grants when houses are improved. Grants for repairs apart from improvements are not available but owners now have the incentive of being able to claim a "fair rent" if a "qualification certificate" is sought certifying that the house has all the standard amenities and is in good repair, as described below. The procedure only applies to houses subject to an old "controlled" rent.

Qualification Certificates

These Certificates made available under the Housing Act, 1969 are of two types.

(a) Standard Amenities Already Provided.

Where a house already has the standard amenities such as bathroom, hot water, sink, internal watercloset, and is in good repair, the owner can apply directly for a Qualification Certificate to seek a "fair rent" from the Rent Officer.

Many applications for the issue of Qualification Certificates have been received as shown in the table below. In every case a notification has to be sent to the tenant of the owner's application and account taken of any objections raised by the tenant.

A detailed inspection is made of the property to determine whether it is in a good state of repair having regard to its age, character and locality. An informal letter is then sent to the owner, drawing attention to any repairs considered necessary with an invitation to discuss the matter further and reach agreement. In the meantime formal consideration of the application is deferred.

This procedure of seeking informal agreement rather than resorting to formal rejection at an early stage has worked well and although by the end of the year only one Qualification Certificate had been issued, a considerable amount of repair work had been agreed or was in hand.

The fair rents which may eventually be claimed are limited to instalments of seven shillings and sixpence (37½p) in any year until the maximum is reached. The Qualification Certificates can take effect for houses of over £60 rateable value from 1st January, 1971

and houses of less than £60 rateable value from 1st July, 1971. In an effort to spread the work load, letters were sent to all the main estate agents and owners early in 1970, asking for submission of applications well in advance of these dates and some indication of the numbers involved. This advance request received only a limited response until near the end of the year and in consequence delay was experienced in dealing with the 193 formal applications received at that time.

The work of dealing with the applications has been distributed amongst the six district inspectors and must of some necessity mean a reduction in the routine inspection carried out by these officers, particularly of retail food shops. This is regretted but because of the uncertain rate at which applications would be submitted, without knowledge of the total number involved, no other arrangements were practicable. The situation is being kept under review, but whatever procedure is followed, with the limited staff available, some aspect of the department's work will suffer.

Of the 193 formal applications for a Qualification Certificate received, objections were lodged by the tenants in 45 cases to the issue of a Certificate. By the end of the year 90 of the applications had been investigated and the necessary letter sent to the owners recommending the carrying out of repairs to meet the qualifying conditions. In another 50 cases a reminder letter had been sent to owners advising them that in the absence of proposals to carry out repairs a recommendation would need to be made to the Health Committee to issue a formal refusal of the application for a Qualification Certificate. In only one case was it found that the premises complied with all the requirements enabling a Qualification Certificate to be issued.

Several premises were sold following the application being received by the department. It is anticipated that the balance of the applications outstanding will be inspected early in the new year.

(b) Standard Amenities Not Already Provided.

If the house does not have the standard amenities an application must first be accompanied by proposals to provide the missing amenities.

Almost always this means providing a bathroom in converted outbuildings or a bedroom. Without exception the proposals are accompanied by an application for an improvement grant and a grant towards necessary repairs.

If the proposals are satisfactory and the house is to be put into a good state of repair a "Certificate of Provisional Approval" is issued stating that when the proposals are carried out the house will meet the qualifying conditions for the issue of a fair rent certificate.

The next stage in the procedure is for the owner to apply to the Rent Officer for the fair rent to be fixed and agreement must be reached with the tenant or the matter settled by a tribunal. Once the fair rent has been fixed the owner must seek the tenant's written consent to the improvements being carried out and if this is not forthcoming the owner may apply to the County Court for authority to carry out the necessary works of improvement and claim the new rent. The Court will not grant such authority to the owner where the tenant would be able to claim a rate rebate. The rent increases are limited to seven shillings and sixpence (37½p) a week until the maximum is reached.

It will be seen that the procedure is complicated and much informal advice and assistance has to be given by the department to tenants and the smaller owners of property. The larger agents are fully familiar with the procedure and seem to be showing an active interest in upgrading the property under their control where a fair rent can be obtained in return.

The table below shows the number of cases involving proposals to improve property and claim a Qualification Certificate for the purposes of obtaining a fair rent. It is difficult to say what increase this shows on former practice since it was previously the practice of the Health Committee to exercise their discretion in granting the equivalent of a fair rent upon the application of the owner. The use which owners will make of their new power to seek compulsory improvement of a house is not known.

The overall position in respect of both types of Qualification Certificate at the end of the year was: —

Qualification Certificates—Housing Act, 1969.

STANDARD AMENITIES NOT ALREADY PROVIDED.

No. of applications for Certificate of Provisional Approval (accompanied by proposals to provide standard amenities and any necessary repairs) ...	61
No. of Certificates of Provisional Approval issued ...	56
No. of Qualification Certificates issued	18

STANDARD AMENITIES ALREADY PROVIDED.

No. of applications for Qualification Certificate ...	193
No. of Qualification Certificates issued	1

(Standard amenities are a fixed bath or shower, washhand basin, sink, hot and cold water, and an internal watercloset).

Certificates of Disrepair

These Certificates which are issued under the Rent Act, 1957 formed part of earlier procedure of the complicated attempts under various Rent Acts to relate increased rents to good repair.

The provisions of the Rent Act apply only to controlled tenancies which are roughly speaking those tenancies held from before the date of the 1957 Act without legal change of tenancy. If a Qualification Certificate as described earlier is issued in respect of the house, the tenancy ceases to be dealt with any longer under the 1957 Act.

In those cases where the house is still subject to a controlled tenancy under the 1957 Act the tenant may apply for a Certificate of Disrepair which has the effect of reducing the controlled rent to a lower level until a further Certificate is issued that repairs have been carried out.

During the year no applications were received for Certificates of Disrepair although six applications were received from tenants for forms to be served on landlords giving notice of intention to apply for a Certificate of Disrepair if specified items of disrepair were not remedied. One application was received for cancellation of an old Certificate of Disrepair and another for a certificate that works specified in a landlord's undertaking had been carried out. Both applications were granted.

Slum Clearance

During the course of the year the Council gave careful consideration to the procedure for dealing with Clearance Areas. It was found that the existing procedure of inspecting houses to determine their fitness in advance of considerations of the future use of the area to be cleared led to subsequent delays when the use of the land involved came to be considered . It was therefore decided that inspection for planning purposes, valuation, and all necessary consultations should take place simultaneously, with a comprehensive report submitted in one stage to all appropriate committees.

The new procedure should be of assistance in dealing with the difficult problem of unfit houses sandwiched between or forming part of blocks of fit property or business premises. The proposals of the Health Committee can only deal with unfit houses with the alternatives of partial demolition or closing orders on the property concerned. All aspects of this problem will now receive consideration at an early stage.

Provision was also made under the new procedure for a report to be made twelve months after the confirmation of a Clearance or Compulsory Purchase Order and thereafter at six monthly intervals, on the rehousing which had taken place from the areas concerned. The reports are to be made to the Health and Housing Committees.

The Planning and Estates Committees are also to review the use made of cleared sites.

With the completion of review of the slum clearance programme and a survey of multiple occupied houses, the resources of the Housing Section have been less stretched than in the previous year and the target of 500 houses to be dealt with annually has at last been achieved. A total of 518 houses was represented as unfit either in clearance areas or as individual houses under demolition and closing orders.

The total number of houses in confirmed Orders rose from 389 to 464 during the year whilst the total number of houses in both confirmed and unconfirmed Orders dropped slightly from 940 to 917. These houses forming the total of unconfirmed and confirmed unfit houses are commonly referred to as in the "pipeline" for rehousing. Whilst this total of houses in the "pipeline" slightly decreased, it will be noted that the actual number of families in confirmed areas awaiting rehousing increased.

There were five public inquiries during the year but only one involved an area of any size—the Birchills Compulsory Purchase Order which contained 117 houses. The representation of a large number of small areas is likely to be the future pattern of slum clearance, most major areas having already been represented for clearance.

If the present rate of representations of unfit property for clearance by the Health Committee can be maintained it is estimated that the current slum clearance programme of the committee will be completed by 1973, although some time will lapse after that date before rehousing from the areas is completed and demolition takes place.

As the current slum clearance programme draws to its close, attention will increasingly be given to the remaining group of about 1,000 substandard houses at present classified in a "review" category whose future will need to be considered in the light of detailed inspections yet to be carried out and discussion with the owners concerned. It is hoped that many of these houses will be found capable of improvement and repair with the aid of the grants now available and that owners will be willing to avail themselves of those grants.

Securing of vacated premises

The problems arising from vandalism and nuisances from derelict property have been the subject of many complaints but the powers to deal with such complaints have been more limited than generally believed. Generally the powers of the Corporation in the past extended to dealing only with houses and then only to those houses which had been subject to some form of order under the Housing Acts requiring closure, demolition or clearance. Unless the houses

had been made the subject of a compulsory purchase order which had become fully operative, the responsibility for making the house secure or dealing with any nuisance remained with the private owner.

The main problems have arisen with vacated houses forming part of a partially vacated block where demolition could not commence, or houses which had been subjected to a closing order because demolition was impracticable.

New powers under the Walsall Corporation Act, 1969 now enable the Corporation to make secure the vacated or closed houses, the usual procedure followed being bricking up of ground floor windows and door openings. Simply boarding up the openings is an inadequate defence against vandalism.

The Act makes no provision for the recovery of the cost incurred and since this can be anything in the region of £30-£50 the powers have to be used with some discretion if a great deal of money is not to be wasted. To the present time the powers have only been used where houses have been the subject of closing orders and are likely to remain standing for some considerable time. In the case of vacated houses in a partially vacated block it is considered that the better way is to complete the rehousing of the remaining occupants as quickly and systematically as possible to allow demolition to proceed.

The Act also extends to property, whether a house or not, which has been empty for more than six weeks. The powers have not so far been used on any sizeable properties falling into this category. The expense involved in any such case would be considerable and, as stated, not recoverable.

Demolition in Default

With the increased number of houses being dealt with by Clearance Orders as distinct from Compulsory Purchase Orders, difficulties have been encountered in securing the prompt and tidy demolition of vacated buildings. Complaints have been received not only of the nuisances associated with such derelict houses, but also about their unsightliness and danger. The effect of a Clearance Order or an individual Demolition Order is to leave the vacated houses and their site in the possession of the private owner, with the responsibility for demolition and clearance remaining with that private owner.

It is the responsibility of the Council to ensure that houses subject to Clearance Orders and Demolition Orders are demolished by the owners concerned. This is a continuing process involving regular checking of vacant premises and the demolition of many houses is achieved by persistent pressure on the owners. This work involves a considerable amount of work by the staff and many occasions arise where enforcement procedures are rendered abortive by the owners stepping in and carrying out the work at the last moment.

Occasions have arisen where enforcement action has had to be taken and in the last twelve months 17 houses have been demolished on the default of the owners. Demolition is normally carried out by arrangement with the Borough Surveyor, who usually has a number of demolition contractors working on property acquired by the Corporation under Compulsory Purchase Orders. The costs are recovered from the owners.

Clearance, Closures and Demolitions 1970

518 unfit houses were represented during the year for clearance in areas, individual closure or individual demolition. New Clearance Areas were represented involving a total of 460 houses, as follows: —

	Houses
The Walsall (Mountrath Street Nos. 1, 2, 3) Clearance Areas, 1970	25
The Walsall (Parker Street, Bloxwich) Clearance Area, 1970	6
The Walsall (Bloxwich Road North, Willenhall) Clearance Area, 1970	4
The Walsall (The Green, Darlaston Nos. 1 to 5) Clearance Areas, 1970	29
The Walsall (Short Heath, Willenhall Nos. 1 to 4) Clearance Areas, 1970	49
The Walsall (Watery Lane) Clearance Area, 1970	13
The Walsall (Bescot Street Nos. 1, 2, 3) Clearance Areas, 1970	60
The Walsall (Holtshill Lane) Clearance Area, 1970	28
The Walsall (Sandwell Street) Clearance Area, 1970 ...	5
The Walsall (The Butts Nos. 1, 2, 3, 4) Clearance Areas, 1970	120
The Walsall (Marlow Street) Clearance Area, 1970	10
The Walsall (Walsall Road, Willenhall) Clearance Area, 1970	3
The Walsall (Stringes Lane) Clearance Area, 1970 ...	20
The Walsall (Rowley Street) Clearance Area, 1970	30
The Walsall (South Street Nos. 1 and 2) Clearance Areas, 1970	22
The Walsall (The Butts No. 5) Clearance Area, 1970 ...	5
The Walsall (Hatherton Street) Clearance Area, 1970 ...	8
The Walsall (Rowley Street No. 2) Clearance Area, 1970 ...	4
The Walsall (Elmore Green, Bloxwich Nos. 1, 2, 3, 4) Clearance Areas, 1970	19
	460

Orders made

The following orders were approved by the Council on the dates given:—

	Houses
The Walsall (Mount Street) Clearance Order, 1970	6
The Walsall (High Street, Bloxwich) Compulsory Purchase Order, 1970	5
The Walsall (High Street, Bloxwich No. 2) Compulsory Purchase Order, 1970	25
The Walsall (Bloxwich Road No. 2) Clearance Order, 1970	3
The Walsall (Victoria Avenue, Bloxwich) Clearance Order, 1970	10
The Walsall (Queen Street) Clearance Order, 1970	6
The Walsall (Queen Street) Compulsory Purchase Order, 1970	24
The Walsall (Fallings Heath, Wednesbury) Compulsory Purchase Order, 1970	85
The Walsall (Mountrath Street) Compulsory Purchase Order, 1970	20
The Walsall (Mountrath Street) Clearance Order, 1970 ...	3
The Walsall (Parker Street, Bloxwich) Clearance Order, 1970	6
The Walsall (Bloxwich Road North, Willenhall) Clearance Order, 1970	4
The Walsall (The Green, Darlaston) Compulsory Purchase Order, 1970	29
The Walsall (Short Heath, Willenhall) Clearance Order, 1970	49
The Walsall (Watery Lane) Compulsory Purchase Order, 1970	13
The Walsall (Bescot Street) Compulsory Purchase Order, 1970	60
The Walsall (Holtshill Lane) Compulsory Purchase Order, 1970	28
The Walsall (Sandwell Street) Clearance Order, 1970 ...	6
The Walsall (Marlow Street) Clearance Order, 1970	10
The Walsall (Walsall Road, Willenhall) Clearance Order, 1970	3
	395

Public Inquiries

The undermentioned Clearance Orders and Compulsory Purchase Orders were the subject of Public Inquiries as follows:—

	Houses
The Walsall (Park Road, Bloxwich) Clearance Order, 1969	9
The Walsall (Franchise Street, Wednesbury) Clearance Order, 1969	5

A. R. Thompson, Esq., A.R.I.B.A., Ministry of Housing and Local Government Inspector, conducted the Public Inquiry into the above Orders on 20th January, 1970.

	Houses
The Walsall (Birchills) Compulsory Purchase Order, 1969 F. Appleton, Esq., F.R.I.B.A., M.T.P.I., F.R.S.H., of the Department of the Environment, conducted the Public Inquiry into the above Order on 25th August, 1970.	171
The Walsall (Pleck Road No. 2) Compulsory Purchase Order, 1969 P. E. T. Rake, Esq., of the Department of the Environment, conducted the Public Inquiry into the above Order on 6th October, 1970.	17
The Walsall (Teddesley Street) Compulsory Purchase Order, 1969 M. J. Wilson, Esq., A.R.I.C.S., of the Department of the Environment, conducted the Public Inquiry into the above Order on 13th October, 1970.	4

Orders Confirmed

The following Orders were confirmed by the Secretary of State for the Environment without modification on the dates given: —

		Houses
The Walsall (Union Street, Willenhall) Clearance Order, 1969.	8th January, 1970	2
The Walsall (Rowland Street) Clearance Order, 1969.	16th March, 1970	14
The Walsall (Park Road, Bloxwich) Clearance Order, 1969.	19th March, 1970	9
The Walsall (Pleck Road) Compulsory Purchase Order, 1969.	23rd March, 1970	11
The Walsall (Penkridge Street) Compulsory Purchase Order, 1969.	23rd March, 1970	7
The Walsall (Harden Road) Compulsory Purchase Order, 1969.	25th March, 1970	6
The Walsall (Franchise Street, Wednesbury) Clearance Order, 1969.	25th March, 1970	5
The Walsall (Mill Street) Clearance Order, 1969.	12th February, 1970	3
The Walsall (Hall Street, Willenhall) Clearance Order, 1969.	4th February, 1970	8
The Walsall (Farl Street, Darlaston) Clearance Order, 1969.	12th February, 1970	16
The Walsall (Franchise Street, Wednesbury No. 2) Clearance Order, 1969.	12th February, 1970	8
The Walsall (Birchills) Clearance Order, 1969.	18th February, 1970	10

		Houses
The Walsall (Moxley Road, Darlaston) Clearance Order, 1969.	14th April, 1970	9
The Walsall (Church Street, Darlaston) Clearance Order, 1969.	1st May, 1970	8
The Walsall (The Green No. 2 Darlaston) Compulsory Purchase Order, 1969.	13th May, 1970	12
The Walsall (Bloxwich Road No. 2) Clearance Order, 1970.	12th June, 1970	4
The Walsall (Bath Street) Clearance Order, 1969.	12th June, 1970	3
The Walsall (Moxley Road, Darlaston) Compulsory Purchase Order, 1969	8th June, 1970	3
The Walsall (Campbell Place, Darlaston) Compulsory Purchase Order, 1969.	10th July, 1970	2
The Walsall (Frederick Street)Clearance Order, 1969.	10th July, 1970	19
The Walsall (Mount Street) Clearance Order, 1970.	17th July, 1970	44
The Walsall (Wolverhampton Street) Clearance Order, 1969.	6th August, 1970	3
The Walsall (Parker Street, Bloxwich) Clearance Order, 1970.	27th November, 1970	6
The Walsall (Bloxwich Road North, Willenhall) Clearance Order, 1970.	27th November, 1970	4
The Walsall (Queen Street) Clearance Order, 1970.	27th November, 1970	6
The Walsall (Mountrath Street) Clearance Order, 1970.	9th December, 1970	3
The Walsall (Victoria Avenue, Bloxwich) Clearance Order, 1970.	8th December, 1970	10
The Walsall (Queen Street) Compulsory Purchase Order, 1970.	18th December, 1970	24
The Walsall (Lichfield Street) Compulsory Purchase Order, 1969.	30th December, 1970	2

The Order below was confirmed with the modification that part of reference No. 9 comprising a building constructed for purely business purposes in the yard behind 444, Pleck Road, should be transferred from Part I to Part II of the Order schedule as added lands.

The Walsall (Pleck Road No. 2) Compulsory Purchase Order, 1969.	31st December, 1970	18

The Order below was confirmed with the modification that reference No. 1, 147, Farringdon Street, be transferred from Part I of the schedule to the Order to Part III of the schedule, the house being considered not to be unfit.

The Walsall (Birchills) Compulsory Purchase Order, 1969.
3rd November, 1970 171

New Houses provided by Walsall Corporation ...	129
New Houses provided by Private Persons	559

Summary of Action in respect of Unfit Houses.

Represented as Unfit		
In Clearance Areas		460
Individually—Private		37
Council owned		21
Confirmed as Unfit		
In Clearance Areas		418
Individually and Council owned		64
Vacated and Demolished		
Houses vacated		384
Familes rehoused		384
Houses demolished		280
Balance as at :	1st Jan., 1970	31st Dec., 1970
Occupied houses represented in previous year(s) as unfit awaiting confirmation ...	551	453
Occupied houses confirmed in previous year(s) awaiting vacation and demolition	389	464
Total	940	917

The progressive total of houses dealt with since 1930 under the slum clearance programme is summarised as follows:—

Houses represented as unfit	7,704
Approximate number of persons displaced ...	27,438

Improvement of Houses.

A welcome feature of house improvement work during the year has been the sudden increase in the number of enquiries received. During the year 673 enquiries were dealt with in contrast to 435 in the previous year. This increase occurred mainly in the second half of the year and was doubtless related to the national publicity campaign organised by the Department of the Environment.

It must be emphasised, however, that the number of firm applications for improvement grants remained fairly constant at 275 (259 in 1969). Many of the enquiries received as a result of national publicity are, in fact, misconstrued by the public and fall outside the terms of the grant aid scheme, but it is hoped that the work put into dealing with preliminary enquiries will reflect in an increase in applications in coming years.

Just over £62,000 was approved in grant aid during 1970 and a sum of £80,000 has been put on one side for 1971. To increase local publicity, another edition of the department's own handbook was written and published during the year. Over 2,000 copies of the previous edition were distributed and a further 2,000 copies of the new edition were under distribution from the summer of 1970.

The handbook is deliberately written in a simple and short style, the main purpose of the handbook being to encourage personal enquiries which can be handled in a personal manner.

A request was received during the year in a letter addressed to the Mayor from the Secretary of State for the Environment for Walsall, in company with other similar towns, to stage a House Improvement Exhibition and the Health Committee agreed to sponsor such an exhibition. A similar exhibition was staged in 1965 but the scope of the exhibition for 1971 will be wider to emphasise improvement of the environment as well as improvement of individual houses in the new style General Improvment Areas to be promoted under the Housing Act, 1969. The Planning Committee agreed to sponsor this aspect of the exhibition. Towards the end of the year arrangements were being made for a working party of officers to be formed from the various departments concerned, with representatives of the

principal exhibitors and members of the Department of the Environment, to arrange the details of the exhibition and accompanying publicity.

A changing pattern has been noticed in improvement grant work during the year with greater interest by owners in the improvement of tenanted property in return for a fair rent and the opportunity of grant aid towards necessary repairs.

The new procedure to obtain Qualification Certificates and thereafter a fair rent for houses which have been improved has already been described and it remains to be seen what final effect this will have on the improvement of tenanted property.

The other noticeable feature of the year's work has been a movement away from Standard Grants concerned with the basic amenities of bathroom, hot water and inside water closets to the greater demand for "discretionary" grants. These latter grants cover essential repairs as well as improvements and range over a wider field of improvements such as flat conversions, extra bedrooms and kitchen improvements. There will probably be a further decline in standard grant applications as the advantages of claiming for repairs under a discretionary grant become more apparent. It has been necessary to form new standards of approval to judge these applications, however worthy in themselves, against a background of some 4,600 houses in Walsall lacking basic amenities and the limited finance which can be made available. Many of the newer type applications have been considered in detail by the full Committee to draw up general policy lines and thus enable guidance to be given to applicants at an early stage. Once general practice has been established, grants are dealt with in the normal way in a weekly Chairman's list.

The Health Committee considered a report on the problem associated with houses with a relatively short life either because the house itself is substandard, or because the house, whilst in itself of good standard, is in the proximity of other houses likely to be dealt with by clearance or redevelopment proposals. It was noted that the Housing Act, 1969 now allows grants to be paid on a life of ten years, and that application may be made to the Department of the Environment to pay a grant on houses with less than ten years life. As a general policy, the Health Committee agreed to seek approval to the payment of a grant for houses with a life of down to five years for the provision of amenities to a "reduced standard" consisting of inside water closet, with a sink and washhand basin supplied with hot and cold water. A few cases were referred to the Planning and Estates Committee for observations and the general policy which has evolved has been to give as full a grant as can be allowed wherever possible.

Improvement of Houses

The position at the end of the year in respect of voluntary applications was:—

Voluntary Applications	
Applications approved during 1970:	
Discretionary grants	170
Standard grants	105
Amount of grant aid	£62,203
Applications approved prior to 1970:	
Number of grants	2,778
Amount of grant aid	£461,417

Tenants' Applications

The position in respect of requests made by tenants for the Council to enforce the improvement of their houses is as follows:—

No. of enquiries received during 1970	66
No. of representations made and owners notified ...	56
No. of preliminary notices served	38
No. of Improvement Notices served	64
No. of Undertakings given	Nil
Improvement works completed	26
Improvement Notices withdrawn	2

Improvement Areas

Under the Housing Act, 1964 over a thousand houses were included in Improvement Areas. The provisions of that Act have now been repealed and replaced by the new provisions of the Housing Act, 1969 relating to General Improvement Areas but notices served and action taken under the 1964 Act remain legally binding. The position at the end of the year was as follows:—

Immediate/Final Notices outstanding	102
Suspended Improvement Notices outstanding ...	84
Improvement Works Completed	60

Towards the end of the year the number of cases where owners had failed to improve property either in respect of tenants' applications or following the service of Improvement Notices, was causing concern. Arrangements were made to include a sum of about £35,000 in the forthcoming capital estimates to enable these works of improvement to be carried out during 1971/72 in default of the owner. In the event of work being carried out in default the whole of the cost is recoverable from the owner.

It will be seen that the 1964 Act powers relating to Improvement Areas have not been altogether successful in achieving the compulsory improvement of tenanted property, or the area as a whole in which the property stands. On the other hand, the figures for Improvement Grants have steadily climbed and the proportion of tenanted property improved increased after the 1964 Act came into force to reach almost 45 per cent but has since fallen back to the former figure of about 30 per cent. However, the 1964 Act, with whatever virtues and deficiencies it may have possessed, has been repealed as far as Improvement Areas are concerned and the 1969 Act now takes its place.

Near the end of 1970 a report was considered by the Council on the new style General Improvement Areas to be made under the 1969 Act. It was pointed out that the policy directed to the improvement of whole areas—houses and environment—could extend the useful life of residential areas many years. The statutory procedure was described as being as simple and flexible as possible with the emphasis on publicity and persuasion. The financial implications were considered ,taking into account the Exchequer grants which would be received towards environmental improvements and the staffing requirements were noted. The Council welcomed the proposals and steps were in hand towards the end of the year to make the necessary financial arrangements and recruit the staff required.

As a preliminary to the drawing up of a programme of General Improvement Areas, a survey of improvable houses in the town was commenced. There was general knowledge already available of the general areas in which such houses were to be found but detailed knowledge was lacking of the numbers already improved and whether the houses were tenanted or owner/occupied.

The amount of work involved in conducting such a survey is considerable, with street by street inspection, supplemented by many individual enquiries. There is no immediate return for this work but the benefits of possessing factual and up to date information soon become apparent in planning and programming. The Department of the Environment recommend the use of sample surveys but these have proved to be of doubtful value from past experience. A full survey is more satisfactory and serves the joint purpose of

determining the general condition of houses in the area as required by the Housing Act, 1969.

It is hoped that all the work outlined in previous paragraphs and that steadily carried out over the years, with the better grant facilities now available, will see a marked upward rise in the number of houses improved in the next few years.

Houses in Multiple Occupation

Regular visits were paid throughout the year to all known houses in multiple occupation to check on the numbers of occupants. As a result of these visits three landlords were convicted in the Magistrates Court for contravention of "Directions to Prevent or Reduce Overcrowding" and were fined sums ranging from £10 to £25. Two occupiers were also convicted for failing to supply details of occupation of a house in multiple occupation.

The task of controlling the occupation of all houses known to be occupied by more than one household continued during the year and 74 Directions to Prevent or Reduce Overcrowing were given. A Management Order was made in respect of a house where proper standards of management were not maintained and a notice served upon the persons managing the house, requiring them to make good the neglect. As a result of this Order, conditions at the house were improved. A Management Order was also made in respect of another house but the Order was not served due to the death of the owner. The new owner carried out the necessary works of repair and maintenance without formal action being taken by the department.

No. of Directions given to Prevent or Reduce Overcrowding	74
No. of cases where legal proceedings taken ...	5
No. of visits made	1,352

During the course of the year a Scheme for the Registration of Houses in Multiple Occupation was prepared and submitted to the Secretary of State for the Environment for confirmation. The Scheme, entitled "The Walsall (Registration of Houses in Multiple Occupation) Informatory and Regulatory Scheme 1970" is expected to become operative during 1971 and will require the registration of all houses occupied by more than two households or, apart from one household (if any) by more than four persons. Existing houses in multiple occupation will be granted registration as of right but houses coming

newly into such occupation will be subject to control provisions, as also will "existing houses" if there is an increase in the number of occupants.

The report on the comprehensive survey of houses in multiple occupation prepared in the preceding year was considered by the Housing Committee, having regard to the possibility of rehousing families in selected cases where works of improvement could be carried out. It was decided to defer a final decision to permit a further checking of the occupancy of the larger type houses to be carried out, to determine more exactly the number of familes likely to be involved. This checking is difficult work involving many revisits and revision of information but towards the end of the year a clearer picture had begun to emerge.

A great deal of thought was given to the improvement of houses in multiple occupation either with the aid of the special grants now available under the Housing Act, 1969 for the provision of basic facilities in houses in multiple occupation, or by the encouragement of conversions of larger houses into self contained units, or the service of statutory notices requiring the provision of essential facilities only. One of the major problems is to secure improvement of all the houses in the block, without which improvement of individual houses in the block may prove short lived and costly to the community. Discussions had been held with individual owners but no great degree of interest had been shown on initial approaches.

Further approaches in 1970 were planned in the light of any rehousing policy agreed and the possibility of greater publicity for the grants available having more effect. It would seem that the risk will have to be taken of improving those houses in a block where the owners are willing to do so in the hope that other owners will follow suit and that the use of compulsory repair powers on the remaining houses in the block may be sufficient to maintain the whole block in a satisfactory condition with a reasonable life.

Salvation Army Hostel

The hostel in Goodall Street provides accommodation for up to 180 men, sleeping in dormitories and individual cubicles. Cases of verminous bedding and clothing have occurred from time to time and, as in previous years, have been disinfested by the department.

It is hoped that the installation of a new boiler and heating system will be commenced during the coming year.

PART III — FOOD

Food Hygiene

Food hygiene work has continued at a reduced level throughout the year but a considerable amount of improvement work has been carried out as a result of informal advice or request. Only rarely has it been necessary to resort to the suggestion of legal enforcement or actual proceedings.

Unfortunately, it has not been possible to achieve the frequency of inspection required and in some cases the initial impact is lost from a lack of follow-up work. In such cases not only may unsatisfactory conditions prevail but the value of the preliminary work is also wasted.

It is hoped to increase the staff allocated to food hygiene work in the forthcoming year if the qualification of a final year pupil takes place as expected. In the meantime, Codes of Practice as drawn up jointly by the Department of Health and Social Security and the Ministry of Agriculture, Fisheries and Food for different trades have been purchased and distributed free of cost. In addition, a departmental food hygiene handbook has been prepared for mass distribution in conjunction with an advertising agency, free of cost.

An increased amount of attention has been given to the food hygiene aspects of local fêtes and shows, fairs and circuses held during the year, particular attention being paid to catering facilities and food stalls. The provision of proper sanitary accommodation and washing facilities, commented upon elsewhere in the report, was also taken into account. Conditions varied from satisfactory to quite unsatisfactory and it is hoped to increase the amount of preliminary advice given to organisers of these functions and the inspection of the actual facilities when the functions are taking place.

The inspection of food premises covers all Corporation premises which are treated by the public health inspectors of the department in a like manner to private premises. The opportunity has been taken to give food hygiene lectures to food handlers in the employment of both the Corporation and private industry, but this work, although of considerable value and well received, has had to be restricted because of the limited time available.

The course of lectures run for the past few years at the Walsall and Staffordshire Technical College leading to the Certificate in Hygiene of Food Retailing and Catering of the Royal Society of Health has been continued during the winter months. Eight students attended the course and seven passed their examination.

The total number of inspections made with the number of premises involved is set out below:—

Number of food premises	
Mixed food shops	112
Groceries and Provisions	461
Cafes and Restaurants	83
Butchers	182
Canteens	152
Fishmongers and Poulterers	12
Bakers and Confectioners	62
Sweets etc.	116
Greengrocers and Fruiterers	101
Fish and Chips	76
Food Factories	9
Public houses and licensed premises ...	356
Dairies	3
Food stalls	65
Total	1,790
Number of inspections	3,150

Markets

The planning and money put into the markets by the Property Committee over many years is now beginning to take effect. The face of the square is altering to give a pleasing layout in which the foodstalls will be grouped together. These food stalls will thus be near to the special washing and preparation facilities being provided in the market traders block forming the lower floor of the multi-storey car park in Lower Hall Lane.

A new style of market stall with metal frame, metal counter and plastic stall covers, was put into use, but difficulties arose in the handling of the framework and keeping the coverings in a cleanly condition. An improved design of stall was under consideration towards the end of the year. A suggestion that the market traders should be responsible for the fixing and cleanliness of their own stall covers was accepted as likely to lead to better maintenance of the covers in a satisfactory condition.

A meeting was held towards the end of the year with the Market Traders Association, when the requirements of the Food Hygiene Regulations as applying to markets were explained and the standards

to be adopted in the revised market layout were outlined. An explanatory booklet on the Regulations was distributed. The meeting was well attended and the purpose of the Regulations was well received.

A difficult period arose in the market during the strike of refuse collectors. Two large accumulations in the vicinity of the Walsall market gave cause for concern, although it is considered that little of the accumulation, if any, came from market activities. The accumulations were kept under close supervision, with frequent spraying. Fortunately, the strike ended before the position became critical and the accumulations were soon removed with a return to work of the refuse services.

Delivery Vehicles

It was unfortunately necessary to resort to legal proceedings in six cases for contraventions of the Food Hygiene Regulations relating to delivery vehicles. The magistrates evidently took a serious view of the cases, in view of previous advice given to the firms concerned, and fines with costs totalling £580 were imposed. A change in inspection arrangements was made, to increase the time available for inspection of vehicles, but the routine inspection of wide ranging vehicles is a time consuming procedure, difficult to maintain uniformly with the staff available. The co-operation of the firms sending out the vehicles in setting higher standards of maintenance and supervision is the better answer, and there are signs that this is being achieved, at least with the larger firms.

The present number of vehicles known to be operating in the Borough is as follows: —

Vehicles selling open food	89
Vehicles selling no open food but fruit and vegetables	48
Vehicles selling no open food	182
Retail bread delivery vehicles	436
Wholesale food delivery vehicles	444
Total	1,199*
Number of inpections	1,054

* Excludes retail shop delivery vehicles.

Meat Inspection

There were changing circumstances at all the three slaughterhouses within the Borough. At the larger slaughterhouse the kill exceeded that of last year and alterations were also proposed at this

same slaughterhouse to permit export of meat to the common market countries. Several discussions took place with the officers of the Ministry of Agriculture, Fisheries and Food and the licensees of the slaughterhouse on the alterations required. Work had not commenced at the end of the year.

At one of the smaller slaughterhouses there was an increased throughput over the year, resulting in regular Saturday morning killings. An application to slaughter on Sundays and later into the evening was refused by the Health Committee.

At another slaughterhouse in the Borough it was unfortunately necessary to institute proceedings under the Slaughterhouse (Hygiene) Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations on several counts, after previous verbal and written warnings. Fines and costs of £245 were imposed. An improvement in the conditions at the slaughterhouse was achieved.

Details of animals slaughtered and inspected are shown in the following table:—

Number of animals killed and inspected	1970	1969
Cattle (excluding cows) ...	9,808	9,651
Cows	455	278
Calves and goats	37	268
Sheep	64,601	60,263
Pigs	28,393	30,604
Total ...	103,294	101,064

The number of animals affected with tuberculosis was as follows:—

Number affected with tuberculosis	% of the number inspected	
	1970	1969
Cattle	Nil	0·059
Pigs	1·09	0·44

The number of animals affected with the cystic stage of tapeworm was as follows:—

Number affected with cysticercosis	% of the number inspected	
	1970	1969
Cattle	·16	0·19
Sheep	·23	0·68

89 animals were dealt with by emergency or casualty slaughter compared with 135 in the previous year.

Diseases of Animals

There were no outbreaks of notifiable disease within the Borough until the end of the year, when several cases of Fowl Pest were reported by the Ministry of Agriculture, Fisheries and Food whose officers dealt entirely with the disease. Preventive and routine visiting to poultry premises and other premises was carried out by officers of the department to check the keeping of records and the maintenance of basic hygienic practices to prevent the spread of animal disease, including the effective boiling of raw swill.

Unsound Food

About the same quantity of unsound food was dealt with as in previous years. A proportion came from the breakdown of large storage or display freezers over a weekend where the food had thawed out completely. Much of this food remained attractive in appearance and arrangements were in hand for the complete destruction of all packaged foods by the use of the department's incinerator. During the recent labour dispute in the electricity supply industry a keen watch was kept on displays but, with intelligent handling and the short duration of the power cuts, no great difficulty was experienced. One firm voluntarily surrendered one ton of margarine which was out of its dated code.

Food surrendered as unfit for human consumption

Meat	66 tons
Cooked meat and meat products	4¾ cwts.
Canned meat	18¼ cwts.
Other canned foods	6 tons
Fruit and vegetables	¾ cwt.
Frozen foods due to cabinet breakdown ...	1½ tons
Other foods	1¾ tons
Approximate total	76 tons

Food complaints

87 cases were brought to the department during the year and the foods affected represented a cross section of the various food commodities. Milk, bread and flour confectionery continue to be the foods most frequently involved. Moulds are a frequent cause of complaint but the variety of foreign objects found in food never fails to be impressive. Legal proceedings were taken in 15 cases and warning letters sent in some other cases. The remainder were dealt with by letter or informal action as called for in any particular case.

The number of complaints, although high, is slightly lower than in previous years. This may reflect greater care being taken by manufacturers to keep out foreign bodies, and greater care by distributors and retailers in handling practices, stock rotation or in watching "shelf life" to prevent the sale of mouldy foods.

Foreign Matter in Food and Mould

	Foreign matter	Mould
Milk	11	1
Cheese	—	2
Bread	12	8
Canned meat	4	2
Meat products	3	8
Fish products	1	—
Fruit and vegetable products	1	2
Jam	1	—
Cereals	3	—
Sweets	1	—
Confectionery	3	9
Other food	8	5
Totals	50	37

Milk

87 milk samples were taken during the year in conjunction with visits to the dairies to ensure that the records showed efficient pasteurisation. Of these samples, four failed the Methylene Blue Test for keeping quality and on one occasion the County Council found a sample which had failed the Phosphatase Test for efficient heat treatment. This latter failure was due to a sticking valve and was quickly corrected. The investigations of the failures for keeping

quality gave less definite results since various factors entered into the failures, such as handling procedures and atmospheric conditions.

Ice Cream

72 samples were obtained during the year. The opportunity was taken to try out a new kind of dispensing cabinet for open ice cream which is becoming very popular. The results to date have indicated that the system is satisfactory but larger numbers of samples will be taken in future as this type of product increases. The cabinet is stocked with the usual lolly ices and up to six varieties of open ice cream. The demand by retailers for these special cabinets has outstripped the availability and next year could see a bigger change-over from the hard blocks to these softer open ice creams.

The summary of results is as follows:—

Grade 1	Grade 2	Grade 3	Grade 4
54	8	8	2

The grades as set out have been known as "provisional" grades since 1959 since no completely satisfactory method of grading ice cream has been evolved. The gradings have therefore to be interpreted with some caution. The samples falling occasionally into Grade 2 are not regarded as significantly unsatisfactory. Repeated results in Grade 3 or any in Grade 4 suggest faulty practices in production or distribution. In the case of the samples reported above, repeat samples of the Grade 3 samples proved satisfactory and the Grade 4 samples also gave satisfactory repeat samples. In all cases of unsatisfactory samples a thorough inspection of the premises and plant is carried out, with advice given on cleaning and sterilisation procedures.

Water Supplies

In the area covered by the South Staffordshire Waterworks Co., a considerable number of complaints was received of the presence of rust and grit deposits in the water. Some of these complaints revealed heavy discolouration of the water. The trouble was discussed fully with the Company, who gave the opinion that the trouble was in part due to flow reversals in the mains and the use of a new water source, which, being at a higher temperature, resulted in the dislodgement of rust and scale from the water mains. A carefully controlled programme of mains flushing with other precautions brought about a drop in the number of complaints. A further programme of relining and replacing old pipes currently being undertaken by the Company should reduce future trouble.

Water sampling was carried out in the usual manner, divided into sampling for bacteriological purity and sampling for chemical purity. The sampling programme covered mains supplies, swimming bath waters and two borehole supplies. 488 samples were taken by the departmental staff and reports of 17 chemical samples were submitted by the South Staffordshire Waterworks Co. In addition, the Waterworks Company carried out its constant monitoring programme for bacterial purity. In all but one case the water samples were found to be completely satisfactory. This one unsatisfactory sample was taken following a complaint of heavy discolouration of the mains water and subsequent samples proved satisfactory after flushing of the mains.

Further observations on the water supplies in the area from the two undertakers concerned—South Staffordshire Waterworks Company and Wolverhampton Corporation — will be found on page 51.

Swimming Baths

The sampling of swimming bath waters covers both public baths and school instructional baths. Of the 326 samples 16 were below a satisfactory standard. Some of these samples formed part of a controlled experiment to try and reduce the chlorine content of the water to find the lowest level consistent with bacteriological safety. The results showed the necessity of retaining the previous level of chlorination. In other cases the unsatisfactory samples pointed to the need for constant maintenance of equipment and chlorine levels in small baths with heavy use at particular times. In all cases the unsatisfactory conditions were soon remedied and repeat samples taken.

In addition to the sampling of swimming baths, routine chlorine checks are carried out on the spot and adverse results dealt with immediately.

Boreholes

The borehole supplies are used by two local factories for general washing purposes only. The four unsatisfactory samples in the 108 samples taken were found in the case of one borehole to be due to a breakdown in chlorination plant which was quickly remedied. In the case of the second borehole, surface contamination was suspected and remedial action taken. Further samples proved satisfactory.

Food and Drugs

The Food and Drugs Act not only requires that foodstuffs shall be fit for consumption, but that both food and drugs should always be "of the nature, or the substance, or the quality" demanded by the purchaser. It is assumed that the purchaser is always asking for a

product meeting any legal requirements for the product established by statute law or by common law. The product must also meet any labelling requirements in force, be free from any adulteration, extraneous matter or contamination and must not have had products extracted or diluted below recognised standards.

In the course of the year 244 samples were taken to ensure such purity and fitness, the samples being submitted to the Public Analyst for detailed examination. The samples covered a wide range of products, including meat products, fish products, bakery goods, sugar confectionery, groceries, fruit and vegetable products, drinks and beverages, milk and ice cream, and proprietary drugs. The sampling results followed the general pattern of previous years in that only two were reported upon adversely by the Public Analyst. In both cases the samples were in fact of good quality but were found to have minor discrepancies in the labelling descriptions. Warning letters were sent after the advice of the Public Analyst had been taken and the manufacturers made arrangements to correct the labels.

In view of the low percentage of unsatisfactory samples, most samples are now taken informally.

Bacteriological sampling of food

In addition to the checks upon the quality of foodstuffs for chemical purity, composition and the detection of adulteration, samples are also taken to check bacteriological purity. In particular, a search was made for disease producing bacteria which were then sorted out in the laboratory from bacteria in a harmless form.

99 samples of food were taken informally from food shops and in all but five cases were found to be of good bacteriological standard. In all cases where unsatisfactory results were found a thorough investigation was instituted in methods of preparing, storage, display and general handling. Where necessary, swabs were taken of equipment, fittings and the structure, to find the nature and extent of the contamination. With such results known special cleansing and sterilising could be put into effect. In other cases the sale of the unsatisfactory product ceased.

It is hoped to give more time to this work but its scope is limited by the time consuming techniques which have to be followed both in sampling and swabbing and in the laboratory in examination. A note of caution has also to be struck in interpreting results, since as yet no bacteriological criteria have been set for foodstuffs in general and the subject is beset with many difficulties or differences of interpretation.

Poultry Slaughter

There are no large poultry processing plants in the Borough but a problem has arisen from the killing of poultry at retail shop premises for immediate or early sale. Complaints have arisen from the keeping of numbers of live poultry in the vicinity of the shop with consequent nuisance or fear of nuisance arising. Complainants have also objected strongly to the growth of slaughtering activities in the proximity of their houses in built-up residential areas. The increased activity associated with a trade involving the handling of live poultry in crates is a further cause of objection made by local residents.

The department has had a great deal of sympathy with these complaints and has been equally concerned about the lack of hygiene associated with this type of poultry slaughter and the lack of opportunity to carry out inspection of the slaughtered birds. It is recognised in general in poultry slaughter throughout the country that detailed inspection of every individual carcase is at present impracticable and reliance must be placed on the slaughterer acting as a spotter with a system of local authority inspection as a check procedure. Unfortunately, with killing in variable numbers at irregular times, even this system of inspection is impracticable, although efforts are being made to introduce improved inspection with the co-operation of the trade.

The Health Committee considered a report on the matter and noted the deficiencies of the present legislation. There is virtually no legislation applying to this trade apart from the general public health law of nuisances, the general Food Hygiene Regulations and the overall prohibition on sale of unfit food. None of the stringent licensing requirements relating to animal slaughterhouses applies to this type of poultry slaughter and the specifically designed Food Hygiene Regulations and Prevention of Cruelty Regulations of animal slaughter are not available.

The present law is not designed to prevent the establishment of poultry slaughterhouses in undesirable circumstances or situations; it is inadequate in giving control of slaughtering hours and consequent inspection; and where Food Hygiene law is applied—even though it may be inadequate—it can have the effect of perpetuating the poultry slaughterhouse in an unsatisfactory site because of the money sunk into improving the buildings and facilities.

Towards the end of the year the Health Committee were in touch with the Department of Health and Social Security on this matter and had drawn the attention of the Planning Committee to the local circumstances.

Food Poisoning and Infections Diseases

The public health inspectorate provide field workers in the investigation of outbreaks of food poisoning or other food borne diseases. The work is always of first priority and means that all routine work has to be shelved for the time being by the staff involved. The work must also cover whatever hours are necessary and invariably a great deal of travelling, visiting and cross checking is involved in this work. All investigations in any outbreak are passed through the hands of one officer to ensure that related facts are not overlooked, and that prompt contact can be made between the Medical Officer of Health and field staff. The work has proved heavy on occasions during the year.

One aspect of this preventive work is the routine surveillance of travellers returning from abroad who are known to have been in areas where some form of infectious disease is endemic or has become epidemic. One such surveillance included a school party returning from South Russia shortly before the outbreak of cholera in that region.

PART IV — AIR POLLUTION AND NOISE CONTROL

Air Pollution

A summary of the yearly average of pollution recorded by the various pollution gauges in the town is shown below, the results being expressed in microgrammes per cubic metre. The figures in brackets are for the previous year. The apparatus at Willenhall has been re-sited and the results for this year only are included in the table.

Site	Classification	Smoke	Sulphur Dioxide
1. Walsall	Town Centre	72 (85)	166 (190)
2. Pleck	Industrial	53 (56)	118 (176)
3. Palfrey	High Density Residential	42 (64)	122 (132)
4. Beechdale	Low Density Residential	40 (77)	119 (147)
5. Brookhouse	Low Density Residential (Smoke Control Area)	25 (33)	52 (—)
6. Darlaston	Town Centre	39 (56)	124 (76)
7. Bentley	Low Density Residential	49 (64)	66 (88)
8. Willenhall	Town Centre	54 (—)	141 (—)

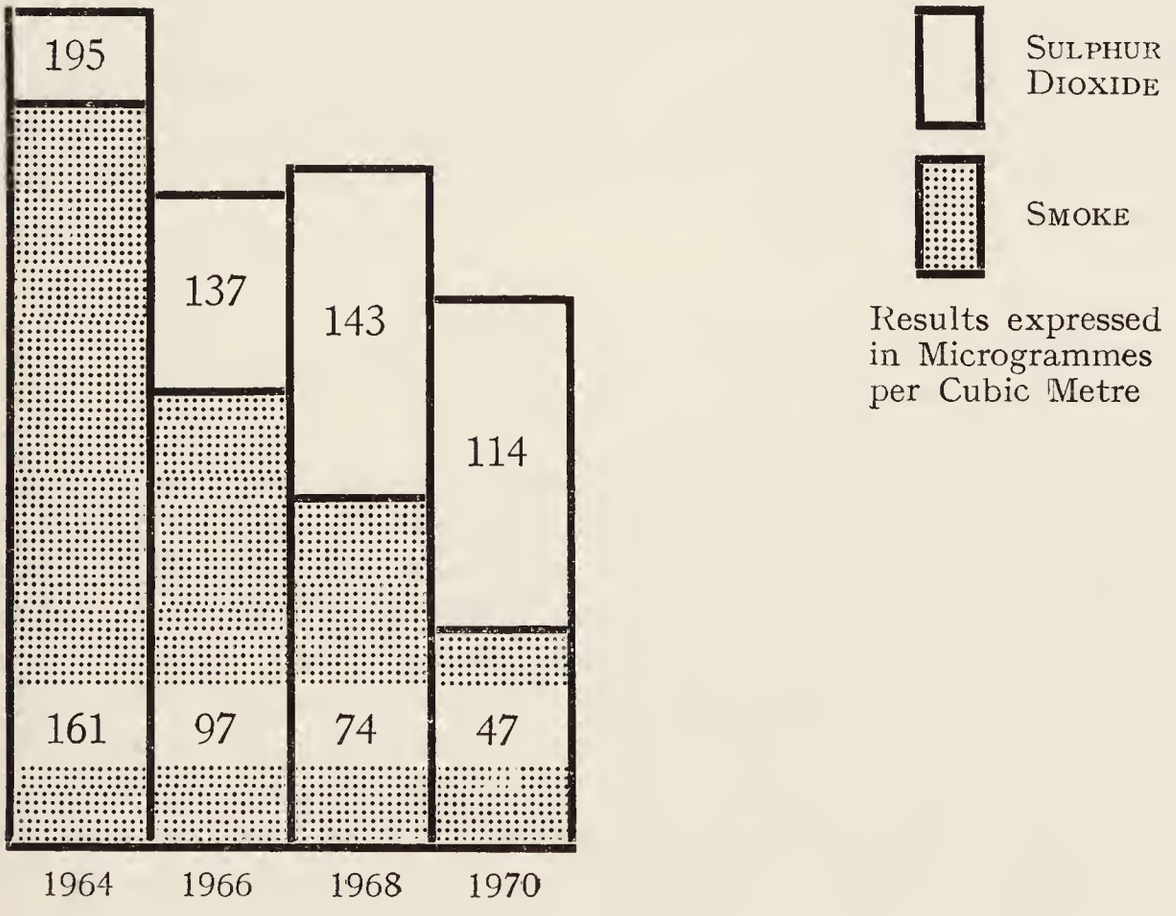
The figures for 1970 show once again a general reduction in pollution by smoke and sulphur dioxide but it would be unwise to base too much comment on one set of figures. The low figures may well be due to prolonged warm summer weather or a mild winter.

Nevertheless it will be seen from the figures for a six year period set out below that despite all setbacks the amount of smoke in the air of Walsall in 1970 was only about one half of that over the town in 1966. Sulphur dioxide has also shown a reduction although not to such marked degree.

These figures are in keeping with national trends both for the overall reduction in pollution and for the difference in reduction between ordinary smoke and in sulphur dioxide. Modern boiler plants are efficient and the production of smoke from such plants, properly managed, is unlikely. The heating engineer would, in fact, be seriously worried about his efficiencies and operating costs, apart from his reputation, if smoke should arise. The production of sulphur dioxide continues, however, whilst sulphur containing fuels, such as the solid fuels, or heavier fuel oils, continue to be burned. The changeover to natural gas or the use of lighter fuel oils, is no doubt assisting in the decline in sulphur dioxide pollution.

Walsall County Borough

Atmospheric Pollution



Industry and Commerce

The comments about the unlikelihood of smoke being produced from boiler plants is unfortunately not equally true of industrial furnaces, although even here the pollution is more probably one of fume and grit than actual smoke. The foundry cupola is a common

example in the town of a process where actual smoke production is slight, but the production of fume and grit gives cause for complaint. In addition, there are certain metallurgical processes, mainly coming under the control of the Alkali Inspectorate, where the control of fume is particularly difficult, although progress is being made.

Following a survey of cupolas throughout the town, several interviews have been held with the management of foundries concerning alterations and modifications to cupolas. In some instances progress is delayed by long term proposals involving the replacement of existing plant, but progress has been made in other cases. Five firms have raised eight cupolas to the minimum height of 65 ft. as requested by the department and in five cases have fitted wet grit arresters. Another firm has discontinued the use of two cupolas and in two cases cupolas have been replaced by electric induction furnaces.

This last development of the replacement of the traditional coke burning cupola with electric furnaces is regarded with close interest. It removes the problem of grit emission arising from the firing of coke in the vertical cupola shaft with its high gas velocities. Provided selected clean metal is used in the electric furnace the grit problem should disappear and the fume problem be virtually negligible. A problem can arise and has, in fact, already arisen on one occasion, of fan noise from the cooling fans used in connection with the furnace, but this is a matter of maintenance and proper control. The furnace does not itself bring with it the inherent problems of grit and fume associated with the cupolas.

The "industrial bonfire"

Section 1 of the Clean Air Act, 1968 is meant to deal with a gap in legal control over the "industrial bonfire" left by the Clean Air Act, 1956. The original 1956 Act required proof that the bonfire was a nuisance to the "inhabitants of the neighbourhood". Since in the neighbourhood of the industrial area concerned there might be few, if any, actual inhabitants, the industrial bonfire could escape strict legal control, although adding considerably to the general pollution of the atmosphere. The revised powers of the 1968 Act simply prohibit the emission of dark smoke from any industrial or trade premises without reference to the "inhabitants of the neighbourhood."

Four cases under these new powers were taken during the year, the offenders in all cases being car breakers or scrap metal merchants. Dark smoke was emitted from the ignition of upholstery, tyres and similar materials from scrap vehicles. In the four cases concerned fines totalling £140 were imposed with costs of £35.

Plans and proposals

During the year the following plans and proposals were examined with regard to the possibility of nuisance from noise, vibration or air pollution, after submission to the Borough Engineer and Surveyor's department.

Number of proposals examined	815
Recommendations made to mitigate dust, grit and fume	24
,, ,, in respect of chimney heights	68
,, ,, to mitigate against noise or vibration	26

The following notifications of new boiler plant or furnaces were received: —

Statutory notifications of new boiler plant and furnaces: —	
Oil fired	38
Gas fired	23
Electric	3
Solid fuel	Nil

Domestic Smoke Control

There has been no progress in domestic smoke control during the year. The Delves area which was surveyed over a three months period early in 1969 was deferred because of financial restrictions and later in the year could not be further considered because of the smokeless fuel shortages which were expected to develop in the winter of 1970/71. These solid smokeless fuel shortages never seriously affected the existing smoke control areas in Walsall but the uncertainty made the promotion of further smoke control areas inadvisable. In the latter part of 1970 the position was reviewed in the light of continuing publicity about solid smokeless fuel shortages. Although there was no immediate problem it was deemed prudent to make arrangements for the Chairman of the Health Committee to have authority to seek the lifting of existing Smoke Control Orders if any crisis should arise in the supply of solid smokeless fuels. By the end of the year there had been no occasion to take such a step and no great difficulties in the supply of solid smokeless fuels had been reported.

Provisional arrangements were put in hand to recommence a programme of domestic smoke control at least from the early part of 1972, with the preliminary survey work commencing during 1971.

The figures on page 100 relating to the yearly average of smoke pollution in the Brookhouse Estate smoke control area show how effective the promotion of smoke control areas can be in giving people a healthy environment in which to live.

NOISE CONTROL

During the year some 700 visits were made in connection with noise emission from industrial and commercial premises. The most troublesome industries are, as expected, the heavy industries, notably drop forging factories, of which there is a considerable number in the Borough.

At one factory the management introduced a two-shift system of working and the local residents presented a petition to the Health Committee complaining of a serious nuisance from noise during the evening working and early morning. The factory was in close proximity to dwellinghouses. An Abatement Notice was served upon the firm requiring the cessation of a nuisance from the operation of drop forging machinery between 6 p.m. and 7 a.m. The firm complied with the notice and discontinued the system of two-shift working, reverting to their former practice of one-shift working during the daytime only . Consultants were engaged by the firm to advise on the possibility of carrying out structural alterations. The Health Committee also engaged consultants to advise on any proposals submitted. The matter was still under consideration at the end of the year.

A similar case involving the introduction of double shift working arose at another drop forging works. Again, many complaints arose not only of noise during the evening and early morning but also from severe vibration, apparently associated with the more frequent use of a sizeable drop hammer. The question of the issue of an Abatement Notice was under consideration at the end of the year but had been held in abeyance pending the submission of consultants' reports.

In the case of another drop forging firm where double shift working had been carried out for many years, complaints were pressed of the overall noise nuisance to houses built in close proximity to the Works some years previously. After prolonged discussion and consideration of consultants' reports, it was decided to erect a screen of metal sheeting about 30 ft. high and 105 ft. long between the main stamping shop and the houses concerned. The cost was considerable. By the end of the year planning consent had been granted and erection of the screen was under way.

The final report on "Noise" prepared for the Government in 1963 and now referred to as the Wilson Report, said the following about the drop forging process: —

"Although we think that adequate mitigating measures can be devised in most instances, at reasonable cost, by the combined efforts of the factory occupier, noise control consultants and trained public health inspectors, there are some very noisy industrial machines and processes which at present would prove specially difficult to quieten to levels which are likely to be acceptable. We have particularly in mind processes involving high levels of percussive noise such as drop forging and boiler making.

"The noise from the types of process mentioned in the preceding paragraph could only be reduced as a result of the successful outcome of an expensive research programme. The problems are, by their very nature, highly intractable, and unless the attack on the problems is well conceived, a great deal of money might be spent to very little purpose. On the other hand, it is clearly undesirable to leave it entirely to the firms concerned to decide whether a particular line of research is worth following or not."

The research and guidance recommended by the "Wilson" Report has to be promoted and found at local level by local authorities working with their own consultants and the firms concerned. The results are not negligible but seldom seem to achieve the publicity accorded to criticisms and exhortations.

Most of the other complaints of noise dealt with during the year consisted of those against noise from electric motors, fans and compressors. In most cases a reduction in noise level was obtained which satisfied the complainant.

Noise Measurement

In last year's report reference was made to the absence of adequate legal standards to deal with noise complaints and the inadequate nature of the British Standard 4142—"Method of Rating Industrial Noise affecting Mixed Residential and Industrial Areas." It is felt that the noise levels recommended by this standard as being those acceptable in "mixed" residential areas, or purely residential areas, are at too high a level. It is considered, in fact, that the noise levels quoted by the British Standard as acceptable are often higher than those normally experienced for the areas concerned. It is also considered that the Standard can be criticised for its leniency towards work outside normal daytime hours; changed working practices; and the particular nuisance quality of certain noises.

The Midlands Joint Advisory Council for Clean Air and Noise Control decided to institute a survey during the year to assess typical background noise against the British Standard, with a view to making representations. About fifty readings were, in fact, taken throughout Walsall based on kilometre squares of an Ordnance Survey map and gave useful information, but further readings are to be taken and collated with other West Midlands authorities.

Prosecutions, 1970

1970		
Jan. 29	Offices, Shops & Railway Premises Act, 1963 Secs. 4, 7, 8, 9, 10, 11, 16 and 50. Unsatisfactory cleanliness, ventilation, lighting, sanitary accommodation, washing facilities, drinking water facilities, floor coverings and information to employees.	2 Defendants. £50 each. £15 costs.
Jan. 8	Clean Air Act 1968, Sec. 1(1). Clean Air Act 1956, Secs. 29 & 34. Emitting dark smoke.	£20 fine and £7 Advocates fee.
Jan. 14	Food & Drugs Act 1955, Sec. 2. Black pudding containing adhesive plaster.	£20 fine and £7 Advocates fee.
Feb. 19	Slaughter of Animals (Prevention of Cruelty) Regs. 1955. Slaughterhouses (Hygiene) Regs. 1955. Food & Drugs Act, 1955. Unsatisfactory condition of lairages and water supply to lairages, unsatisfactory lighting, ventilation, drainage, washing, sterilising facilities and cleanliness.	£230 fine and £15 Advocates fee.
Jan. 7	Food & Drugs Act 1955, Sec. 2. Cake containing fly.	£15 fine and £10 costs.
Jan. 7	Food & Drugs Act 1955, Sec. 2. Milk containing foreign matter.	£20 fine and £10 costs.
Jan. 7	Food & Drugs Act 1955, Sec. 2. Milk containing mineral deposits.	£20 fine and £10 costs.
Feb. 16	Housing Act 1961, Sec. 19(9). Failure to provide statement of number of persons in house in multiple occupation.	£3 fine and £10 Advocates fee.
Mar. 12	Clean Air Act 1956. Emitting dark smoke.	£20 fine and £8 costs.
May 18	Food & Drugs Act 1955, Sec. 2. Milk containing dark brown foreign matter.	£30 fine and £6 Advocates fee.
May 18	Milk & Dairies (General) Regs 1959. Dirty milk bottle.	£30 fine and £6 Advocates fee.
May 11	Food & Drugs Act 1955, Sec. 2. Bread containing brown fibrous matter.	£35 fine and £6 Advocates fee.
May 11	Food & Drugs Act 1955, Sec. 2. Bread containing a piece of wood.	£35 fine and £6 Advocates fee.
May 8	Food & Drugs Act 1955, Sec. 113(1) & 113(3). Lemonade containing foreign matter.	£25 fine and £6 Advocates fee.
May 8	Food & Drugs Act 1955. Food Hygiene (General) Regs. 1960. Offices, Shops & Railway Premises Act 1963. Unsatisfactory cleanliness, floor coverings, lighting, first aid provision and personal cleanliness.	£174 fine and £21 costs.
May 8	Food Hygiene (General) Regs 1960. Food & Drugs Act 1965. Open wound not covered.	£5 fine.
May 11	Food & Drugs Act 1955, Sec. (2). Fibre in brown bread.	£35 fine and £6 Advocates fee.
May 11	Food & Drugs Act 1955, Sec. (2). Piece of wood in bread.	£35 fine and £6 Advocates fee.

1970

June 24—Housing Act 1961, Sec. 19(10). Permitting more than authorised number of persons to reside in house in multi occupation.	£10 fine and £5 costs.
June 24—Housing Act 1961, Sec. 19(10). Permitting more than authorised number of persons to reside in house in multi occupation.	£10 fine and £5 costs.
July 24—Public Health Act 1936. Failure to comply with abatement notice to control odours.	Nuisance Order £10 costs.
Sept. 21—Housing Act 1961, Sec. 19(10). Pemitting more than authorised number of persons to reside in house in multi occupation.	£25 fine and £8 Advocates fee.
Sept. 17—Food & Drugs Act 1955, Sec. 2. Foreign matter in milk.	£20 fine and £8 Advocates fee.
Sept. 21—Food Hygiene (Markets, Stalls and Delivery Vehicles) Regs. 1966. Unsatisfactory washing facilities and first aid provision.	£50 fine and £10 Advocates fee.
Sept. 23—Food & Drugs Act 1955, Sec. 2. Milk containing brown matter.	£50 fine and £15 Advocates fee.
Sept. 25—Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations 1966. Unsatisfactory cleanliness, washing facilities and first aid facilities.	£30 fine and £12 Advocates fee.
Sept. 21—Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations 1966. Unsatisfactory floor covering, washing facilities and first aid facilities.	£140 fine and £50 Advocates fee.
Sept. 28—Food Hygiene (Markets, Stalls & Delivery Vehicles) Regulations 1966. Unsatisfactory cleanliness and use of vehicle.	£120 fine and £8 Advocates fee.
Oct. 5—Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966. Unsatisfactory cleanliness, washing facilities, first aid facilities.	£48 fine and £12 Advocates fee.
Oct. 1—Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966. Food compartment of vehicle dirty. Unsatisfactory washing facilities and first aid facilities.	£90 fine and £10 Advocates fee.
Oct. 22—Clean Air Act 1968, Sec. 1. Emitting dark smoke.	£50 fine and £10 Advocates fee.
Oct. 26—Food & Drugs Act 1955, Sec. 113(3). Mould spots in wrapped loaf.	£20 fine and £12 costs.
Oct. 29—Food & Drugs Act 1933, Sec. 113(3). Bread contained black foreign matter.	£45 fine and £15 Advocates fee.
Oct. 30—Food & Drugs Act 1955, Sec. 113(3). Metal in jam tart.	£2 fine and £10 costs.
Oct. 28—Housing Act 1957, Sec. 45(5). Building occupied after clearance order date for vacation.	£15 costs.
Dec. 7—Clean Air Act 1968, Secs. 29 & 34. Emitting dark smoke.	£50 fine and £10 Advocates fee.
Dec. 16—Food & Drugs Act 1955, Sec. 2. Mouldy condition of cake.	£20 fine and £8 costs.

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year ended 31st December, 1970

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report on the School Health Service for the year 1970.

Year 1970 may well go down in the history of the Education Department as the year in which a fundamental change in the concept of Education took place, even though the actual implementation of such a change takes effect early next year.

Repeal of Section 57 of the Education Act means that as from the appointed day no child will ever be considered as 'ineducable'. In other words every child will be educated according to his needs, be it either in an ordinary school or in a special school. Training a handicapped child in his basic needs is education. It is of no small satisfaction to the Health Department that the pioneer work of educating severely sub-normal children which has been carried out so successfully in the Junior Training Centres has now received official acceptance as an integral part of special education.

Administration and control of Junior Training Centres will be transferred to the Education Department next year. Many a fruitful meeting took place during the year between the senior members of both the departments to finalise arrangements for this transfer.

In October this year school girls in the age group of 11 years to 14 years were offered, for the first time, vaccination against German Measles. This certainly represents a significant advance in the field of preventative medicine—a major responsibility of the school health service. At the end of the year 441 such vaccinations were carried out with the minimum of side effects. Details appear in the report that follows.

Infective Jaundice has been the principal problem among infectious diseases. The majority of cases came from the North East part of Walsall. As very little is known about this disease every case of infective jaundice was investigated to collect information to gain better understanding of this disease and its control.

I am happy to report that a part-time Consultant Child Psychiatrist has been appointed in November this year. She is expected to take up duties in the early part of next year. An Educational Psychologist was appointed towards the end of the year. This will certainly strengthen the Child Guidance Service. Another improvement in the services for handicapped children has been the appointment of two speech therapists. The demand for a male health education officer continues to grow from various schools, especially in the light of benefits received by the schoolgirl population.

Two Medical Officers from the School Health Service successfully completed training courses in "Ascertainment of Educationaly Subnormal Children" during the year. It is hoped that a larger number of such ascertainments will be carried out to reduce the overall waiting list.

Practically every Principal School Medical Officer in the country for the last few years has continued to report on the increasing problem of scabies, head infestation and generally unclean children. School children in Walsall are no different. There are medical and social reasons for this unsatisfactory situation. The treatment of lice is less effective than formerly, the lice have become more resistant to all known safe medications. In spite of the general rise in the living standards of the population there are still too many families who accept low standards of cleanliness and personal hygiene. The Local Authoritiy has now power to inspect or enforce treatment on the families of children who are constantly being re-infested by the adult members of their family. Unless this section of the adult population is educated, the unfortunate children from such homes will continue to present this problem. Overcrowding and low standard housing are contributing factors.

The Chief Dental Officer has reported yet another improvement in dental treatment. The inspection and treatment figures of dental defects have continued to increase. Of course, fluoridation of water will reduce the incidence of tooth decay and enactment of such a measure needs to be carried out without further delay.

I thank the Committee for their continued support and encourgement and the Director of Education and his staff for co-operation throughout the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. C. TALBOT,

Principal School Medical Officer.

SCHOOL HEALTH WORK

Periodic Medical Examinations.

7,606 children were medically examined during 1970, an increase of 1,520 compared with the previous year and of this number only two were classified as "unsatisfactory".

The shortage of School Medical Officers was rather less acute and with the assistance of part-time doctors working on a sessional basis it was possible to examine all school leavers and most of the eleven year old children in addition to the detailed assessment of all school entrants. It was nevertheless felt that the number of full-time School Medical Officers remains insufficient for the system of selective examinations to be effectively resumed.

The practice of "zoning" school medical officers to areas of schools has been maintained as far as circumstances permitted though it was obviously not possible in all cases.

Thanks are again due to the Headteachers of schools for their unfailing co-operation and for the much appreciated welcome extended to all who work in the school health service.

The tendency for decreasing numbers of parents to accompany leaving age children at medical examinations has continued and, during 1970, was reduced to 10 per cent. In the younger age groups 85 per cent school entrants and 66 per cent eleven year old children were accompanied by parents.

Minor Ailment Clinics.

The main purpose of the clinics is to provide facilities for parents to bring children suffering from conditions which do not require regular attendance at the surgeries of general practitioners and to assist with health problems which are connected with education. The latter includes children referred by the education welfare officers for an opinion in cases of prolonged absence or spasmodic attendance at school. Children also attend the clinics for examination prior to return after holidays to residential special schools and for certificates of fitness for part-time employment.

The examination of immigrant children prior to school entry has continued and during the year 497 children attended the clinics. Of the 497 children examined only two were not permitted to attend school and, of these,, one was admitted to hospital and the other is awaiting admission to special school for the severely subnormal. Five other children remain under surveillance at the chest clinic.

Handicapped Children.

A weekly clinic for the examination and surveillance of handicapped children of pre-school age was commenced in the Autumn and attended by Dr. R. I. Wootton, Senior Medical Officer responsible for handicapped children. The clinic has already proved of great value to the parents of young children and will undoubtedly result in the earlier school placement of the children in addition to assisting the assessment of future need.

In January of this year 267 children were on the registers of special schools, day or residential, for educationally sub-normal pupils and 131 were attending special schools for other categories of handicapped, making a total of 398.

Seventy-one children were newly placed in special schools during the year and the following table shows the type of handicap:—

Blind	1
Partially Sighted ...	2
Deaf	2
Physical Handicap ...	17
Delicate	6
Maladjusted	3
Educationally Subnormal	39
Epilepsy	1
Total	71

During the year sixty-two children were ascertained as requiring admission to special schools for educationally subnormal and since placements for only thirty-nine were available the waiting list in this category increased to 116. The position, however, should greatly improve with the opening of the new day special school during the Summer of 1971.

In other categories of handicapped, nine children were awaiting placement in January, 1971. Of this number four were maladjusted and five were deaf or partially hearing. In the latter case four of the children were of pre-school age but the obtaining of suitable vacancies in day special schools is becoming increasingly difficult and parents are reluctant to accept residential placement.

School Placement.

	Boys	Girls	Total
Blind and Partially Sighted.			
Queen Alexandra Technical College, Birmingham	1	—	1
Condover Hall, Shrewsbury	—	1	1

	Boys	Girls	Total
Priestley Smith Day Special School, Birmingham	6	3	9
Sunshine House, Leamington	1	—	1
Deaf and Partially Hearing.			
Royal School for the Deaf, Birmingham	4	2	6
The Mount School for the Deaf, Stoke-on-Trent	1	—	1
Bridge House, Harewood	1	—	1
Burwood Park School, Walton-on-Thames	1	—	1
Braidwood Day Special School, Birmingham	10	2	12
Physically Handicapped.			
Baskerville, Birmingham	—	1	1
Wightwick Hall, Staffs.	2	—	2
Elmfield, Harpenden	1	—	1
Tudor Grange, Solihull	—	1	1
Three Crowns Day Special School ...	21	30	51
Derwen Training College	1	—	1
Delicate.			
Baskerville, Birmingham	—	1	1
Kingswood, Albrighton	1	—	1
St. Dominic's, Godalming	1	—	1
Three Crowns Day Special School ...	8	7	15
Maladjusted.			
Whittington Grange, Nr. Lichfield ...	9	—	9
Shenstone Lodge, Shenstone	5	—	5
Kilrea Day Special School, Liverpool ...	1	—	1
Educationally Subnormal.			
The Beacon School, Lichfield	41	—	41
St. Francis, Monyhull	—	2	2
Brookside, Derbyshire	1	—	1
Town Thorns, Coventry	—	1	1
Allerton Priory, Liverpool	—	1	1
High Close, Wokingham	—	1	1
The Castle Day Special School	120	80	200
Stourminster, Worcestershire	—	1	1
Watergate, Liverpool	1	1	2
St. Annes, East Sussex	1	—	1
Mobb Lane, Staffs.	1	—	1
Woodsetton Day Special School	1	—	1
Fitzwarren Day Special School	1	—	1
William Baxter Day Special School ...	5	7	12
Boarding Home, London	—	1	1
Lindfield, Eastbourne	1	—	1

Speech Therapy.

A speech therapy service was resumed after a lapse of two and a half years with the welcome arrival in July of Miss G. Martin as Chief Speech Therapist assisted from the commencement of the Autumn term by Mrs. J. Taylor, Speech Therapist.

Miss Martin's headquarters are at the old Littleton Street Clinic where two rooms have been re-furnished and decorated for the purpose. In addition, sessions are held at seven of the peripheral clinics and in each of the special schools.

The Speech Therapists have also visited many of the schools and have already established a good liaison with Headteachers.

Children have been referred by Hospital Consultants, School Medical Officers, Head teachers and Health Visitors and by the end of the year 329 children had been seen. A number of pre-school aged children with delayed speech and language were included and the importance of referring such children cannot be overstressed since early diagnosis and treatment will help to reduce the prevalence of speech defects in school age children.

The Work of the School Nurses.

The school nurses have been relieved of the work of audiometric sweep testing in schools as this is now being carried out by an audiometrician. It has also been possible for the audiometrician to carry out some of the vision survey work with the help of a sophisticated screening machine. This has allowed the school nurses a little more time for other duties though they have continued to do the vision survey in the school entrants and leavers age groups.

The nurses have also continued to assist the doctors in clinics and at medical inspections following up, wherever necessary, with home visits. In all 834 domiciliary visits were made for a variety of purposes including advice to parents, persuasion to accept necessary treatments, arrangements for children's holidays, explaining the purpose of ascertainment tests and ensuring as far as possible that these appointments are kept.

The "dressing" sessions held in the Clinics were very well attended and a variety of treatments for minor ailments were carried out. During the year 3,608 children made 10,406 attendances representing an increase of more than 1,000 in both numbers of children and attendances compared with the previous year.

Cleanliness.

The help of an additional lay hygiene assistant made it possible for frequent head inspections to be carried out in all schools where there appeared to be a need and, in all, 120,196 individual inspections were made.

There was again a deterioration in the standard of head cleanliness and 2,730 children were found to have some degree of infestation though in 1,205 cases it amounted to a few nits on only one occasion. 1,087 children had nits on only one occasion, 313 children were found to have lice once during the year and 125 children had lice on repeated occasions. The total number of children found to be unclean at some time during the year, including those only mildly affected, represents 7·9 per cent of the school population compared with 5·6 per cent in the previous year.

Great efforts have been made by the Lay Hygiene Assistants to contain the situation both by domiciliary visiting and by cleansing the more heavily infested children wherever the parents appeared to be either unable or unwilling to cleanse the children.

There has been little increase in the incidence of scabies, 235 children compared with 231 last year having been bathed and painted at the Leckie Memorial Home by the Lay Hygiene Assistants. The parents, however, appear to be more willing to accept treatment and 98 mothers compared with 37 last year, were treated at the same time as the children. A total of 90 baths were given.

Ophthalmic Clinic.

When a child is found to have defective vision, treatment consent forms are sent to the parents and appointments at the ophthalmic clinic arranged unless the parents prefer to arrange for treatment otherwise than through the school health service. Spectacles are obtained from the optician of the parent's choice. During 1970, 1,027 children attended the ophthalmic clinic and spectacles were prescribed in 607 cases.

The clinic has been under considerable pressure for some time but the position should be much improved in 1971 since it is anticipated that four sessions weekly will be available instead of the present two and a half.

PROVISION OF MEALS FOR SCHOOL CHILDREN

I wish to thank Mrs. E. M. Wilde, School Meals Organiser for the following information:—

"Statistics.

	1968/69	1969/70
Number of Paid Meals	2,545,397	2,614,359
Number of Staff Meals	277,396	290,694
Number of Free Meals	527,868	417,823
	3,350,661	3,322,896

Nearly 97 per cent of pupils from independent schools and 54 per cent of the pupils from maintained schools utilise the milk every day.

Menus and Diet.

Here the emphasis is on a balanced diet presented in various attractive preparations to suit every taste.

Hygiene.

An extensive programme of replacing fire-clay sinks and wooden draining boards with stainless steel units was accomplished during the year. This is a great improvement, and part of a comprehensive programme, long overdue. The Health Inspector's Report on conditions in kitchens was an important factor in achieving these and many other improvements.

New Kitchens opened—

Moxley Junior, Park Hall Primary.

Extension to Kitchen—

Beechdale J. & I.

Closure—Rushall Street Central Kitchen was closed at the end of the summer term. Staff were dispersed to other kitchens, and the meals dispatched from other centres.

Improvements—Extensive alterations were made in the following kitchens:—

T. P. Riley (Centurion)	...	Chuckery.
T. P. Riley (Eagle) ...	...	North Walsall.

Improvements were made in fifty other kitchens—altogether a very good year for raising the hygiene standards of general working conditions.

Training.

The Training Centre at King Charles School, Bentley, has completed its first year and results already are very encouraging. Under the supervision and instruction of Miss A. Hitchcott, the following courses have been held:—

Five 4 week Courses for Trainee Deputy Cooks.

Six 1 week Courses for General Assistants.

Three 4 day Supervisor Refresher Courses held during the Easter, Whit and Summer Vacations, each one being introduced by the Director of Education. Further Courses are planned covering Dining Centre Staff."

Mrs. E. Wilde concludes her report by expressing her thanks to Public Health Inspectors, Maintenance Architects and staff, Heads of Schools and others for their assistance and co-operation throughout the year.

INFECTIOUS DISEASES

1. Infective Jaundice.

Incidence of infective jaundice continued to rise and 98 cases were notified during the year, compared to 34 in 1969. Health education directed towards good sanitation and personal hygiene appears to be the only way to control the spread of infection.

2. Whooping Cough.

Out of the total of 349 cases of Whooping Cough notified this year 139 cases were among the school children.

Immunisation rates for Walsall are still well below the averages tor the country. One is forced to conclude that part of the rise of notified cases among school children was due to this.

3. Measles.

Along with the Whooping Cough, notifications of measles also reached epidemic proportions during the year. This was reflected by a marked rise in notifications among school children. 584 children suffered from measles compared with 146 children last year. It is hoped that our intensive efforts to vaccinate against measles during pre-school years will help to lower the incidence among school children in the near future.

4. Tuberculosis.

There were 4 cases of respiratory tuberculosis and one case of non-respiratory tubercular infection during the year. One school teacher was also admitted to hospital for treatment of open tuberculosis.

THE CHILD GUIDANCE SERVICE

This report is based on the information so kindly supplied by Dr. A. McHale, Senior Educational Psychologist.

Appointments of a part-time Consultant Child Psychiatrist, a full-time Education Psychologist and a social worker in the later part of the year were the major events in order to improve the professional staff structure of the service. I feel confident that this will go a long way to improve the quality of the service.

Quantitatively, it was evident throughout the year that increasing demands were made on the service. A total of 192 new children were referred as opposed to 156 children in 1969. Most of these children had severe behaviour problems which have been dealt with as effectively as possible in a totally inadequate and unsuitable accommodation which is available at the Child Guidance Service.

A child with severe behaviour problems represents in reality a family with problems. The only way to deal with such problems is to establish a person to person relationship. Such a relationship could never be established if the confidentiality of the interview cannot be maintained and seen to be maintained. A well designed child guidance centre with separate, sound proofed, interviewing rooms is essential. A professional staff, Dr. McHale states, working in such highly unsatisfactory surroundings could easily get frustrated and think twice about continuing to work under such conditions.

THE BEACON RESIDENTIAL SPECIAL SCHOOL

I thank Mr. R. W. Peat, Headmaster of the Beacon Residential School for Educationally Subnormal Children, for the report on the work of the school in 1970.

"As a result of the policy of re-organisation prior to becoming co-educational, there were only 8 admissions during 1970 as against 17 boys having left. Thus, at the time of writing there are only 67 boys in the school and the proportion of Walsall boys in ratio to boys from Outside Authorities has altered: —Walsall 41, Outside Authorities 26 (11 of whom come from neighbouring county boroughs).

Of the 17 boys left in 1970, 8 had reached the age limit (4 of whom were given permission to leave slightly prematurely), 7 were transferred to Day Special Schools and 2 to Training Centres.

The wide age range narrowed slightly due to the few admissions.

AGE RANGE.

8—9	9—10	10—11	11—12	12—13	13—14
2	6	4	13	12	11

14—15	15—16
8	11

The I.Q. Range remained stable, with the average maintained just below 70.

I.Q. RANGE.

50—59	60—69	70—79	80—89
7	22	32	6

The details of secondary handicaps were as follows:—

Maladjustment	23
Eneuretics	28
Speech Defects	11
Physical Handicap	7
Eye Defects	7
Epileptics	1

The problem of maladjustment remains the predominant secondary handicap with the high incidence of eneuresis.

The arrival of specialist speech therapy on one afternoon per week has been warmly welcomed. It is still too early to assess the beneficial effect but a good start has been made with some of the youngest boys.

The practice of approving the premature leaving of School in order to obtain suitable employment has continued to ease the difficulties of placing the handicapped school leaver, and this has been especially appreciated with the tightening of the employment market.

During the year the School Doctor made 38 visits to the school and treated 112 cases. The regular visits to Dental and Eye Clinics were continued, and many other visits were made to hospitals and clinics for consultations, examinations, etc. The Annual Dental and Medical Inspections were carried out and the systematic immunisation against diphtheria, poliomyelitis and tuberculosis was continued. It was also pleasing to be able to have audio-metric tests carried out throughout the whole school for the first time.

There was no inoculation against influenza this year and in the event there have been no major outbreaks of influenza, or indeed of any other infections to report.

The national increase in the incidence of scabies has been noticeable in so far as there have been a number of cases at the start of every term. These cases have been confined to a small number of boys who have been repeatedly infected. Similarly, the continuance of the week-end leave scheme has revealed recurring cases of head infestation in a slightly larger number of cases, but this has again been well contained.

Our thanks are again due to all those who helped us to maintain the high standard of health in the school."

CASTLE SCHOOL

I thank Miss A. Saban, Headmistress, for supplying this report on the activities at the Castle School.

"This will be the last year that the school will cater for 200 children as the new school in Bentley opens in 1971. The annexe will close down and 40 children will be transferred. This will gradually alleviate the problem of a school, top-heavy with 180 children of secondary age and a waiting list of 90 plus children.

27 children were admitted during the year, one from a Junior Training Centre, and 25 children left. Of these, one child transferred to a secondary school and the others commenced work, thanks to the co-operation of the Youth Employment Bureau 14 children attended the Art School for day release classes in needlework, leatherwork and painting and decorating and these facilities helped in obtaining employment.

A speech thearapist commenced duties in September and 6 children are now receiving treatment once a week.

The number of children suffering from scabies and verminous heads is on the increase and great efforts to combat this are being made by the staff concerned.

A Parent, Teacher and Friends Association was formed in September and is raising £1,500 to purchase a mini-bus to extend educational studies and the camping programme. It will also help to transport the football team to their away matches. The team was successful in winning the knock-out cup in the Birmingham Special Schools Football League.

Several camps were held during the year and also a canal cruise in the Harry F. Truman narrow boat.

The Youth Club continues to thrive and provides good contact with leavers. Senior girls in their last year helped at the local play group as a part of their Mothercraft Course held at Beechdale Clinic.

Many students have visited the school including a party of student nurses from Wolverhampton."

THREE CROWNS DAY SPECIAL SCHOOL

I wish to express my thanks to Miss P. A. Luxton, Headmistress of the Three Crowns Day Special School for this report.

"After four terms at St. Giles' Infant School, Willenhall, we have at last moved into purpose-built premises in Skip Lane. The new building, designed to provide for the needs of one hundred and twenty physically handicapped children, includes a physiotherapy depart-

ment, a medical room with an additional bathroom and a hydrotherapy pool.

Among the immediate benefits observed are those of bigger classrooms, a carpeted shared-area together with a spacious hall which, arranged in a semi-open plan design, affords a much greater freedom of movement particularly for wheelchair cases, while the size of the hall itself gives more scope for indoor P.E. and Drama than has been possible under previous conditions.

The inclusion of three well planned craft-rooms offers plenty of opportunity for the development of creative skills apart from providing experimental and collating areas for projects and environmental studies.

Number on Roll and Types of Handicap.

The school has been designed and built to cater for the needs of one hundred and twenty children.

Present role:— 101.	Physically Handicapped ...	85
	Delicate	16
		101

The following table gives the classification of physical handicaps among the 85 children.

Cases:

	Girls	Boys	Total
Cerebral Palsy	12	9	21
Spina Bifida	8	10	18
Hydrocephalus	—	4	4
Congenital Heart	3	5	8
Muscular Dystrophy	—	3	3
Brain Damage	1	2	3
Orthopædic	3	3	6
Congenital Deformity ...	5	1	6
Renal Calcui	—	1	1
Post Poliomyelitis	1	1	2
Post Accident Injury ...	1	2	3
Osteogenesis	—	2	2
Multi Handicap	4	4	8
	38	47	85

During the year the number of pupils on roll has gradually risen from 71 to 101 and we have been fortunate in recruiting sufficient staff to maintain a satisfactory teacher/pupil ratio.

As anticipated there was a marked increase in the number of more severely handicapped children among the new admissions, necessitating the appointment of an addition Physiotherapist and Welfare Assistant, as well as a full time school nurse.

Routine medicals have continued as usual and there have been periodic visits from consultants.

The much needed Speech Therapy has proved both beneficial and popular, and children looking forward to their weekly sessions with great enthusiasm.

The school mini-bus kindly provided by members of Walsall Round Table, is valuable not only for group excursions, but transporting children and physiotherapists to hospital appointments."

SCHOOL DENTAL SERVICE

I wish to thank the Principal School Dental Officer, Mrs. I. M. Millar, L.D.S., for supplying information on the work of the School Dental Service.

The loss of two full-time dental surgeons was indeed a setback for the service. However, Mrs. Millar has been able to maintain the quality of the service. Three new dental officers have been appointed to make up for the loss. They are expected to take up duties in January next year.

The importance of Dental Auxiliary staff in improving the quality of the service is accepted by most workers in the field of Dentistry. With an extra surgery at Darlaston and another at Short Heath, if suitably equipped, such urgently needed Dental Auxiliaries could be appointed. This will greatly help in the efficient running of dental service in areas where the concentration of children is greatest.

If the proposed Central Clinic with dental treatment facilities becomes a reality in the near future, one could then claim that the standard of Dental Service for the County Borough of Walsall was adequate.

Mrs. Millar ends her report with a renewed recommendation to to expedite the fluoridation of water supply.

Why should the children of Walsall be deprived of this accepted method of preventing tooth decay?

MEDICAL INSPECTION AND TREATMENT TABLES

School Population	34,404
Periodic Medical Inspections	7,605
Special Inspections	1,917
Re-inspections	1,406

Defects Found by Medical Inspection During the Year

Periodic Inspections

Defect or Disease	Requiring Treatment		Requiring Observation	
	1970	1969	1970	1969
Skin	40	16	164	181
Eyes—a. Vision ...	202	243	421	301
b. Squint ...	14	13	77	60
c. Other	4	9	16	20
Ears—a. Hearing ...	10	10	63	67
b. Otitis Media ...	17	13	89	137
c. Other	11	3	55	58
Nose and Throat ...	44	44	434	535
Speech	9	5	34	48
Lymphatic Glands ...	3	3	111	97
Heart	4	2	64	39
Lungs	3	—	97	91
Developmental—				
a. Hernia ...	3	5	24	53
b. Other	11	3	123	98
Orthopædic—				
a. Posture ...	2	1	53	38
b. Feet	12	9	62	70
c. Other	3	—	51	27
Nervous System—				
a. Epilepsy ...	—	—	8	11
b. Other	2	—	58	16
Psychological—				
a. Development	2	3	69	44
b. Stability ...	3	—	57	49
Abdomen	1	1	74	30
Other	5	1	23	1

Special Inspections

Defect or Disease	Requiring Observation		Requiring Treatment	
	1970	1969	1970	1969
Skin	134	182	15	9
Eyes—a. Vision ...	32	48	13	29
b. Squint ...	1	7	5	8
c. Other ...	9	17	1	—
Ears—a. Hearing ...	25	48	1	5
b. Otitis Media ...	14	11	7	10
c. Other ...	14	14	2	10
Nose and Throat ...	22	35	35	20
Speech	4	6	6	5
Lymphatic Glands ...	1	2	10	4
Heart	3	4	7	5
Lungs	15	16	10	27
Developmental—				
a. Hernia ...	3	2	2	6
b. Other	22	17	7	19
Orthopaedic—				
a. Posture ...	6	2	1	29
b. Feet	37	41	5	17
c. Other	25	26	3	18
Nervous System—				
a. Epilepsy ...	5	1	5	5
b. Other	6	10	6	11
Psychological—				
a. Development	17	14	16	25
b. Stability ...	16	16	5	13
Abdomen	13	19	1	5
Other	148	92	6	2

TREATMENT TABLES

Eye Diseases, Defective Vision and Squint

	1970	1969
External and other, excluding errors of refraction and squint	9	17
Errors of Refraction (including squint)	1,018	860
Total ...	1,027	877
No. of pupils for whom spectacles were prescribed	607	435

Diseases and Defects of Ear, Nose and Throat

Received operative treatment:—		
(a) for diseases of the ear	75	214
(b) for adenoids and chronic tonsillitis ...	560	416
(c) for other nose and throat conditions ...	250	87
Received other forms of treatment	—	—
Total ...	885	717
Total number of pupils in School who are known to have been provided with hearing aids ...	7	5

Orthopaedic and Postural Defects

(a) Pupils treated at Clinics or Out-Patients' Departments	190	327
(b) Pupils treated at school for postural defects ...	—	—
	190	327

Diseases of the Skin
(excluding Uncleanliness)

	1970	1969
Ringworm—		
(i) Scalp	9	—
(ii) Body	2	—
Scabies	235	231
Impetigo	58	113
Other skin diseases	1,159	930
Total ...	1,463	1,274

Child Guidance Treatment

Pupils treated at Child Guidance Clinics	192	156

Speech Therapy

Pupils treated by Speech Therapists	329	—

Other Treatment Given

(a) Pupils with minor ailments	2,380	1,596
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	102	100
(c) Pupils who received B.C.G. Vaccination ...	1,447	3,474
Total ...	3,929	5,170

DENTAL INSPECTION AND TREATMENT

	1970	1969
Number of pupils inspected by the Authority's Dental Officers	17,966	21,221
Number found to require treatment	13,648	15,969
Number offered treatment	13,275	15,203
Number re-inspected at school or clinic	513	361
Number found to require treatment	224	192
Attendances made by pupils for treatment ...	16,304	16,511
Sessions devoted to treatment	2,664	2,643
Sessions devoted to inspection	64	95
Fillings: —		
Permanent Teeth	13,062	14,196
Deciduous Teeth	3,026	2,574
No. of Teeth filled: —		
Permanent Teeth	9,874	11,060
Deciduous Teeth	2,623	2,281
Extractions: —		
Permanent Teeth	1,405	1,370
Deciduous Teeth	4,479	4,274
Administration of general anæsthetics for extraction	1,050	1,454
Number of pupils supplied with artificial teeth ...	10	17
Number of pupils x-rayed	317	290
Prophylaxis	1,695	1,922
Teeth otherwise conserved	97	110
Number of teeth root filled	27	26
Crowns	21	8
Courses of treatment completed	3,133	2,746

ORTHODONTICS

New cases commenced during year	107	129
Cases completed during the year	87	57
Cases discontinued during year	45	39
Number of removable appliances fitted	267	246
Pupils referred to Hospital Consultant	3	1

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